



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 46848		2. Name of Corporation TORUS I, INC.			
3. Street Address Principal Business Office 630 Reservoir Avenue			City Cranston	State RI	Zip 02910-0000
4. Business Phone No. (401) 781-8837		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island to operate a donut franchise					
7. NAMES AND ADDRESSES OF THE OFFICERS: (<input checked="" type="checkbox"/> X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Norbert J. Zwiener			Vice President Name Norbert J. Zwiener		
Street Address 81 Church Street			Street Address 81 Church Street		
City E.Greenwich	State RI	Zip 02818-	City E.Greenwich	State RI	Zip 02818-
Secretary Name Norbert J. Zwiener			Treasurer Name Norbert J. Zwiener		
Street Address 81 Church Street			Street Address 81 Church Street		
City E.Greenwich	State RI	Zip 02818-	City E.Greenwich	State RI	Zip 02818-
8. NAMES AND ADDRESSES OF THE DIRECTORS: (<input checked="" type="checkbox"/> X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Norbert J. Zwiener			Director Name none		
Street Address 81 Church Street			Street Address none		
City E.Greenwich	State RI	Zip 02818-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED					
10. SHARES ISSUED (<input checked="" type="checkbox"/> X BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
THIS SECTION MUST BE COMPLETED					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date: **JAN 25 2011**

Check No. **By MNC**

By: **012299**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: *Norbert J. Zwiener* Date: **01/03/2011**

Norbert J. Zwiener
Print or Type Name
President
Title