



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.<br><b>133108</b>   |                      | 2. Name of Corporation<br><b>CALF DONUTS, INC.</b> |   |                               |                            |
| 3. Street Address Principal Business Office<br><b>1245 North Main Street</b>   |                      |  | City<br><b>Providence</b>   | State<br><b>RI</b>            | Zip<br><b>02904-0000</b>   |
| 4. Business Phone No.  |                      | 5. State of Incorporation<br><b>RI</b>             |   |                               |                            |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>operation of a donut shop</b>  |                      |  |   |                               |                            |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                      |  |   |                               |                            |
| President Name<br><b>Alfredo Andrade</b>   |                      |  | Vice President Name<br><b>Alfredo Andrade</b>                       |                               |                            |
| Street Address<br><b>19 Jakes Junction</b>   |                      |  | Street Address<br><b>19 Jakes Junction</b>                          |                               |                            |
| City<br><b>Attleboro</b>   | State<br><b>MA</b>   | Zip<br><b>02703-</b>                               | City<br><b>Attleboro</b>  | State<br><b>MA</b>            | Zip<br><b>02703-</b>       |
| Secretary Name<br><b>Alfredo Andrade</b>   |                      |  | Treasurer Name<br><b>Alfredo Andrade</b>                            |                               |                            |
| Street Address<br><b>19 Jakes Junction</b>   |                      |  | Street Address<br><b>19 Jakes Junction</b>                          |                               |                            |
| City<br><b>Attleboro</b>   | State<br><b>MA</b>   | Zip<br><b>02703-</b>                               | City<br><b>Attleboro</b>  | State<br><b>MA</b>            | Zip<br><b>02703-</b>       |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                      |  |   |                               |                            |
| Director Name<br><b>Alfredo Andrade</b>  |                      |  | Director Name<br><b>Carlos P. Andrade</b>                           |                               |                            |
| Street Address<br><b>19 Jakes Junction</b>   |                      |  | Street Address<br><b>5 Fox Hollow Lane</b>                          |                               |                            |
| City<br><b>Attleboro</b>   | State<br><b>MA</b>   | Zip<br><b>02703-</b>                               | City<br><b>Sharon</b>   | State<br><b>MA</b>            | Zip<br><b>02067-</b>       |
| Director Name<br><b>none</b>   |                      |  | Director Name<br><b>none</b>  |                               |                            |
| Street Address<br><b>none</b>  |                      |  | Street Address<br><b>none</b>                                       |                               |                            |
| City<br><b>none</b>  | State<br><b>none</b> | Zip<br><b>none</b>                                 | City<br><b>none</b>   | State<br><b>none</b>          | Zip<br><b>none</b>         |
| 9. SHARES AUTHORIZED   |                      |  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                               |                            |
| 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. |                      |  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                               |                            |
|  |                      |  | Number of Shares<br><b>100</b>                                      | Class/Series<br><b>Common</b> | Par Value<br><b>No Par</b> |
|  |                      |  |   |                               |                            |

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: **FEB 07 2011**

Check No. BY: *MMC*

By: **013615**

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.

*Alfredo Andrade* **01/03/2011**  
Signature Date

**Alfredo Andrade**  
Print or Type Name

**President**  
Title