

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&rd)) is white the a parally file of \$25.00. subject to a penalty fee of \$25.00,

1. Corporate ID No. 131006	2. Name of Corporation The Boyz Donuts, Inc.				
3. Street Address Principal Business Office 729 Hartford Ave.			City Providence	State R.I.	Ζίφ 02909
4. Business Phone No. 5. State of Incorporation R.1.			•	<u> </u>	
6. Brief Description of the Character of To provide coffee and pastri	of Business Conducted in R es, wholesale and re	bode Island etail, allied services.			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Charles Tsoumakas			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Sheila Tsoumakas		
Street Address 1 Alberta Drive			Street Address 1 Alberta Drive		
City Hope	State R.I.	^{Zip} 02831	City Hope	State R.I.	^{Zip} 02831
Sheila Tsoumakas			Treasurer Name Charles Tsoumakas		
Street Address 1 Alberta Drive			Street Address 1 Alberta Drive		
City Hope	State R.I.	^{Zip} 02831	^{City} Hope	State R.I.	^{Zip} 02831
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Charles Tsoumakas			Director Name Sheila Tsoumakas		
Street Address 1 Alberta Drive			Street Address 1 Alberta Drive		
City Hope Director Name	State R.I.	<i>z</i> p 02831	City Hope Director Name	State R.I.	7 <i>ip</i> 02831
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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.			Number of Shares	Class/Series	Par Value
			300	Common	None
This report must be executed of	on behalf of the corpo	oration by an authorize	d representative. If the o	corporation is in the hands	s of a receiver or trustee,
File Date Check No. By: BY: FOR SECRETARY OF STATE	LED 1 2011	ration by the receiver of	Under penalty of pincluding any acco	companying schedules and state true and correct. Soumakas	that I have examined this report, itements, and that all statements are the statements.
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