

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

2012

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

401.222.30Filing 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

Corporate ID No. 4997	2. Name of Corpora COVENT	RY DONUTS, INC.			
S. Street Address Principal Business Office 800 Tiogue Avenue			Coventry	State RI	2ip 02816-0000
Business Phone No. 5. State of Incorporation				02010-0000	
Brief Description of the Chara operation of a don	cter of Business Conducted				
•	•	RS: ("X" BOX FOR ATTA	CHMENT) 📋 FILL IN SPA	ACES BEFORE USING A	ATTACHMENTS
President Name Debra L. Henderson			Vice President Name John P. Henderson, Jr.		
Street Address P.O. Box 1479			Street Address 25 Green Hill Way		
Coventry	State RI	02816-	East Greenwich	State RI	Zip 02818-
Secretary Name John P. Henderson, Jr.			Treasurer Name Debra L. Henderson		
Street Address 25 Green Hill Way			Street Address P.O. Box 1479		
East Greenwich	State RI	^{Zip} 02818-	City Coventry	State RI	Zip 02816-
	SES OF THE DIRECT	I	: TACHMENT) FILL IN S Director Name	PACES BEFORE USING	ATTACHMENTS
Director Name Debra L. Henderson			John P. Henderson, Jr.		
Street Address P.O. Box 1479			Street Address 25 Green Hill Way		
Coventry	State RI	2ip 02816-	City East Greenwich	State RI	23p 02818-
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 AUTHORIZE	D I	1	10. SHARES ISSUED (IMENT)
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par
This report must be exec	uted on behalf of the	corporation by an authoriz	ed representative. If the cor	poration is in the hands	of a receiver or truste
		corporation by the receiver		-	
	ILED			jury, I declare and affirm the panying schedules and state true and correct.	
File DateJAN	1 8 2012	_	(like)	Alluder	Date 01/02
Check No			Signature Date Debra L. Henderson		
			Print or Type Name President		
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