



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 141661		2. Exact name of the Corporation EVIL DONUT SAILS, INC					
3. Principal office address 7 MERTON ROAD				City NEWPORT	State RI	Zip 02840	
4. Business Phone No. 401-225-5353				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island The manufacturing, repair and sale of boat sails							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>							
President Name Robert J. MacMillan				Vice-President Name Randall Shore			
Street Address 15 Beacon Hill Road				Street Address 7 Merton Road			
City Newport	State RI	Zip 02840		City Newport	State RI	Zip 02840	
Secretary Name Robert J. MacMillan				Treasurer Name Timothy Healy			
Street Address 15 Beacon Hill Road				Street Address 7 Merton Road			
City Newport	State RI	Zip 02840		City Newport	State RI	Zip 02840	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Robert J. MacMillan				Director Name Timothy Healy			
Street Address 15 Beacon Hill Road				Street Address 7 Merton Road			
City Newport	State RI	Zip 02840		City Newport	State RI	Zip 02840	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				500	Common	None	
				100	Common	None	

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.

File Date _____

Check No _____

By: _____

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.

FILED

Signature of Authorized Representative

Feb 27, 2012

Date

FOR SECRETARY OF STATE USE ONLY

MAR 29 2012

Robert MacMillan
 Print or Type Name of Authorized Representative

By WJSHY
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