



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 102919		2. Exact name of the limited liability company MACIEL DONUTS, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Coffee Shop			
5. Principal office address 1515 Newport Avenue			City Pawtucket	State RI	Zip 02861
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Luisa O. Maciel			Contact Title Owner		
Street Address 1515 Newport Avenue			City Pawtucket	State RI	Zip 02861
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Luisa O. Maciel			Manager Name		
Street Address 96 Jenks Street			Street Address		
City East Prov.	State RI	Zip 02914	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

William C. Maaia, Esquire
 349 Warren Avenue
 East Providence, RI 02914

FILED

OCT 04 2012

By *[Signature]*

CH # 12701

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.

Luisa O Maciel *10-1-12*
 Signature of Authorized Person Date

Luisa O. Maciel

Print or Type Name of Authorized Person

File Date _____
 Check No _____
 By: _____
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