



**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 2013**

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. <b>62668</b>		2. Exact name of the Corporation <b>WOONSOCKET DONUTS, INC.</b>		
3. Principal office address <b>308 Cumberland Street</b>		City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895-0000</b>
4. Business Phone No. <b>(401) 762-9645</b>		5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>to operate a donut franchise</b>				

President Name <b>Abilio Raposo</b>			Vice-President Name <b>Joseph Lima</b>		
Street Address <b>52 Rosewood Lane</b>			Street Address <b>309 Little Pond County Road</b>		
City <b>N.Attleboro</b>	State <b>MA</b>	Zip <b>02763-</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864-</b>
Secretary Name <b>Joseph Lima</b>			Treasurer Name <b>Abilio Raposo</b>		
Street Address <b>309 Little Pond County Road</b>			Street Address <b>52 Rosewood Lane</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864-</b>	City <b>N.Attleboro</b>	State <b>MA</b>	Zip <b>02763-</b>

Director Name <b>Abilio Raposo</b>			Director Name <b>Joseph Lima</b>		
Street Address <b>52 Rosewood Lane</b>			Street Address <b>309 Little Pond County Road</b>		
City <b>N.Attleboro</b>	State <b>MA</b>	Zip <b>02763-</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864-</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>

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
	200	Common	No Par

*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**  
 JAN 15 2013  
 67/2

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.

1/07/2013  
 Signature of Authorized Representative Date  
 Abilio Raposo  
 Print or Type Name of Authorized Representative  
 President