



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. 99677		2. Exact name of the Corporation A.M.A. DONUTS, INC.			
3. Principal office address 3348 Pawtucket Avenue			City East Providence	State RI	Zip 02915-0000
4. Business Phone No.		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island to operate a donut franchise					
President Name Antonio A. Arruda			Vice-President Name Aida B. Arruda		
Street Address 21 Jane Howland Place			Street Address 21 Jane Howland Place		
City Seekonk	State MA	Zip 02771-	City Seekonk	State MA	Zip 02771-
Secretary Name Antonio A. Arruda			Treasurer Name Antonio A. Arruda		
Street Address 21 Jane Howland Place			Street Address 21 Jane Howland Place		
City Seekonk	State MA	Zip 02771-	City Seekonk	State MA	Zip 02771-
Director Name Antonio A. Arruda			Director Name none		
Street Address 21 Jane Howland Place			Street Address none		
City Seekonk	State MA	Zip 02771-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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
			33.33	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

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.

JAN 24 2013

Signature of Authorized Representative

1/07/2013

Date

BY 5166 Antonio A. Arruda

Print or Type Name of Authorized Representative
President