



**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>99677</b>		2. Exact name of the Corporation <b>A.M.A. DONUTS, INC.</b>			
3. Principal office address <b>3348 Pawtucket Avenue</b>		City <b>East Providence</b>		State <b>RI</b>	Zip <b>02915-0000</b>
4. Business Phone No.		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>Antonio A. Arruda</b>			Vice-President Name <b>Aida B. Arruda</b>		
Street Address <b>21 Jane Howland Place</b>			Street Address <b>21 Jane Howland Place</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771-</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771-</b>
Secretary Name <b>Antonio A. Arruda</b>			Treasurer Name <b>Antonio A. Arruda</b>		
Street Address <b>21 Jane Howland Place</b>			Street Address <b>21 Jane Howland Place</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771-</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771-</b>
Director Name <b>Antonio A. Arruda</b>			Director Name <b>none</b>		
Street Address <b>21 Jane Howland Place</b>			Street Address <b>none</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</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
			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**

**JAN 24 2013**

**BY 5166**

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.

Signature of Authorized Representative

1/07/2013

Date

Print or Type Name of Authorized Representative  
President