



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>109163</b>		2. Exact name of the Corporation <b>Totally Baked, Inc.</b>		
3. Principal office address <b>107 Franklin Street</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. Business Phone No. <b>(401) 596-3700</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>to own and operate a donut and coffee shop</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>				
President Name <b>Everett Blanchard</b>		Vice-President Name <b>Kelly M. Blanchard</b>		
Street Address <b>18 Cronin Avenue</b>		Street Address <b>18 Cronin Avenue</b>		
City <b>Pawcatuck</b>	State <b>CT</b>	Zip <b>06379</b>	City <b>Pawcatuck</b>	State <b>CT</b>
Secretary Name <b>Kelly M. Blanchard</b>		Treasurer Name <b>Everett Blanchard</b>		
Street Address <b>18 Cronin Avenue</b>		Street Address <b>18 Cronin Avenue</b>		
City <b>Pawcatuck</b>	State <b>CT</b>	Zip <b>06379</b>	City <b>Pawcatuck</b>	State <b>CT</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b>				
Director Name <b>Everett Blanchard</b>		Director Name <b>Kelly M. Blanchard</b>		
Street Address <b>18 Cronin Avenue</b>		Street Address <b>18 Cronin Avenue</b>		
City <b>Pawcatuck</b>	State <b>CT</b>	Zip <b>06379</b>	City <b>Pawcatuck</b>	State <b>CT</b>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>				
<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</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.				

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: \_\_\_\_\_  
Checked By: \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**

**JAN 24 2013**

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.

*Everett B* 1/25/13  
Signature of Authorized Representative Date

**Everett Blanchard**  
Print or Type Name of Authorized Representative

By *MMC*  
*CK #17360*