

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

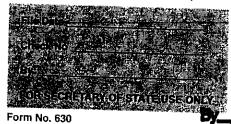
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

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.

400400		2. Exact name of the Corporation				
109163	Totally	Totally Baked, Inc.				
. Principal office address			City			
107 Franklin Street			Westerly	State RI	Zip 02891	
4. Business Phone No. (401) 596-3700			5. State of Incomor		02091	
. Brief description of the ch	aracter of business	20.000	Rhode Island			
to own and operate	a donut and	ss conducted in Rhode isl Coffee shop	and			
भंभक्षा करीय जिल्लाम् हिन्ती		HE SECTION FOR			TO THE OWNER OF THE PERSON OF	
President Name Everett Blanchard			Vice-President Nam	16		
Street Address			Kelly M. Blanchard			
18 Cronin Avenue			Street Address 18 Cronin Avenue			
ty Pawcatuck	State	Zip	City		17:	
ecretary Name	СТ	06379	Pawcatuck	CT	Zip 06379	
Kelly M. Blanchard			Treasurer Name Everett Blanchard			
treet Address 18 Cronin Avenue			Street Address 18 Cronin Avenue			
						Pawcatuck
SAMPIRE TORSO		DECCEO MAN DON DO	Pawcatuck	СТ	06379	
	Contract Park Contract	MESSES (FA BUSEU)	Director Name		& North Work	
Everett Blanchard			Kelly M. Blanchard			
eet Address 8 Cronin Avenue			Street Address			
у	State		18 Cronin Ave	nue		
awcatuck	CT	Zip 06379	City Pawcatuck	State CT	Zip	
ector Name			Director Name	CI	06379	
eet Address						
			Street Address			
	State	Zip	City	<u> </u>		
			City	State	Zip	
KARESAVIJOHIZEDS			10. SHARES ISSUE	A CONTRACTOR AND A CONT	West Tax	
is information is currently of record in the Office of the C		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
State. Changes require an additional filing. e Section 9 of instruction sheet.			100	common		
Section 9 of Instruction :	sheet,				no par	
s report must be executed	on hehalf of the	Compression by an author	<u> </u>			
	Donail Of all (νιροιαμοή by an authoriza	ed representative. If the of the corporation by the re	Ornaration is in the base to		



Revised: 01/2012

FILED

JAN 2 4 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.

Signature of Authorized Representative

Date

Everett Blanchard

Print or Type Name of Authorized Representative