



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. 139914		2. Exact name of the Corporation C & C DONUTS, INC.			
3. Principal office address 467 Hope Street			City Bristol	State RI	Zip 02809-0000
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 Joseph Prazeres			Vice-President Name Christopher J. Prazeres		
Street Address 670 Metacom Avenue			Street Address 15 Dorman Drive		
City Warren	State RI	Zip 02885-	City Seekonk	State MA	Zip 02771-
Secretary Name Clifton J. Prazeres			Treasurer Name Joseph Prazeres		
Street Address 46 Ryan's Way			Street Address 670 Metacom Avenue		
City Swansea	State MA	Zip 02777-	City Warren	State RI	Zip 02885-
Director Name Joseph Prazeres			Director Name Christopher J. Prazeres		
Street Address 670 Metacom Avenue			Street Address 15 Dorman Drive		
City Warren	State RI	Zip 02885-	City Seekonk	State MA	Zip 02771-
Director Name Clifton J. Prazeres			Director Name none		
Street Address 46 Ryan's Way			Street Address none		
City Swansea	State MA	Zip 02777-	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
			100	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

FEB 08 2013

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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

Joseph Prazeres

Print or Type Name of Authorized Representative

President