

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: Janual Filing Fee: \$50.00 • I	ry 1 - March 1 • 1	This report must be ty LE THIS REPORT BY M	ped or printed legibl	ly. SIJI T IN Δ \$25 00 PEN	ALTY FEE
1. Entity ID No.	FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation				
105159	AM DONUTS, INC.				
3. Principal office address 542 Broad Street			City Central Falls	State RI	Zip 02863-0000
4. Business Phone No.			5. State of Incorporation		
6. Brief description of the cha to operate a donut fr		conducted in Rhode Island	d		
		nakan da katan da mengenaran Malanda Nakan dalam da mengenaran Angaran			
President Name Arthur J. Medeiros			Vice-President Name David Medeiros		
Street Address 235 Robinson Street			Street Address 147 King Phillip Road		
City East Providence	State RI	Zip 02914-	City Seekonk	State MA	Zip 02771-
Secretary Name David Medeiros			Treasurer Name Arthur J. Medeiros		
Street Address 147 King Phillip Road			Street Address 235 Robinson Street		
City Seekonk	State MA	Zip 02771-	City East Providen	state RI	Zip 02914-
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Director Name			Director Name		
Arthur J. Medeiros			David Medeiros		
Street Address 235 Robinson Street			Street Address 147 King Phillip Road		
City East Providence	State RI	Zip 02914-	City Seekonk	State MA	Zip 02771-
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 loss was a			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.			200	Common	No Par
This report must be avacute					

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 in the corporation by the receiver or trustee.

FEB 0 8 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.

ignoruse of Authorized Representative

1/07/2013 Date

Arthur J. Medeiros

Print or Type Name of Authorized Representative

President

Form No. 630 Revised: 01/2012