



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 2014**

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>528306</b>		2. Exact name of the Corporation <b>CONVENIENCE DONUTS, INC.</b>	
3. Principal office address <b>2371 Pawtucket Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
		Zip <b>02914-0000</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>operation of a donut shop</b>			

**LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)**

President Name <b>Joseph F. Martins</b>			Vice-President Name <b>Carmen M. Martins</b>		
Street Address <b>2371 Pawtucket Avenue</b>			Street Address <b>2371 Pawtucket Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-</b>
Secretary Name <b>Carmen M. Martins</b>			Treasurer Name <b>Joseph F. Martins</b>		
Street Address <b>2371 Pawtucket Avenue</b>			Street Address <b>2371 Pawtucket Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-</b>

**LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)**

Director Name <b>Joseph F. Martins</b>			Director Name <b>Carmen M. Martins</b>		
Street Address <b>2371 Pawtucket Avenue</b>			Street Address <b>2371 Pawtucket Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-</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>

**9. SHARES AUTHORIZED**  **10. SHARES ISSUED (X BOX FOR ATTACHMENT)**

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
	70	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 08 2014**

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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.

*Joseph F. Martins*  
 Signature of Authorized Representative 1/06/2014  
 Date

**Joseph F. Martins**  
 Print or Type Name of Authorized Representative  
**President**

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 BY: \_\_\_\_\_  
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