



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. 142385		2. Exact name of the Corporation ELK DONUTS, INC.			
3. Principal office address 2785 Pawtucket Avenue			City East Providence	State RI	Zip 02914-0000
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					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Joseph F. Martins			Vice-President Name Carmen M. Martins		
Street Address 95 Rice Avenue			Street Address 95 Rice Avenue		
City East Providence	State RI	Zip 02914-	City East Providence	State RI	Zip 02914-
Secretary Name Carmen M. Martins			Treasurer Name Joseph F. Martins		
Street Address 95 Rice Avenue			Street Address 95 Rice Avenue		
City East Providence	State RI	Zip 02914-	City East Providence	State RI	Zip 02914-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name Joseph F. Martins			Director Name Carmen M. Martins		
Street Address 95 Rice Avenue			Street Address 95 Rice Avenue		
City East Providence	State RI	Zip 02914-	City East Providence	State RI	Zip 02914-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED			10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>		
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.

File Date _____
 Check No. _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED

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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:
 Date: 1/06/2014

Print or Type Name of Authorized Representative
 President