



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. 108693		2. Exact name of the Corporation PAWTUCKET ACQUISITION, INC.			
3. Principal office address 5 Benefit Street		City Providence	State RI	Zip 02904-0000	
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 shop					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name Carlos P. Andrade			Vice-President Name Manuel P. Andrade		
Street Address 5 Fox Hollow Lane			Street Address 40 Carrie Avenue		
City Sharon	State MA	Zip 02067-	City East Providence	State RI	Zip 02916-
Secretary Name Manuel P. Andrade			Treasurer Name Carlos P. Andrade		
Street Address 40 Carrie Avenue			Street Address 5 Fox Hollow Lane		
City East Providence	State RI	Zip 02916-	City Sharon	State MA	Zip 02067-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
Director Name Carlos P. Andrade			Director Name Manuel P. Andrade		
Street Address 5 Fox Hollow Lane			Street Address 40 Carrie Avenue		
City Sharon	State MA	Zip 02067-	City East Providence	State RI	Zip 02916-
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) ☒		
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

JAN 29 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.

Carlos P. Andrade 1/06/2014
Signature of Authorized Representative Date
Carlos P. Andrade
Print or Type Name of Authorized Representative
President