



**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 2015**

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>116381</b>		2. Exact name of the Corporation <b>NEWPORT CEDAR DONUTS, INC.</b>		
3. Principal office address <b>105 Cedar Street</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860-0000</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>to operate a donut franchise</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE INSTRUCTIONS)</b>				
President Name <b>Fernando J. Vieira</b>		Vice-President Name <b>Fernando J. Vieira</b>		
Street Address <b>7 West Butterfly Way</b>		Street Address <b>7 West Butterfly Way</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865-</b>	City <b>Lincoln</b>	State <b>RI</b>
Secretary Name <b>Fernando J. Vieira</b>		Treasurer Name <b>Fernando J. Vieira</b>		
Street Address <b>7 West Butterfly Way</b>		Street Address <b>7 West Butterfly Way</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865-</b>	City <b>Lincoln</b>	State <b>RI</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (SEE INSTRUCTIONS)</b>				
Director Name <b>Fernando J. Vieira</b>		Director Name <b>none</b>		
Street Address <b>7 West Butterfly Way</b>		Street Address <b>none</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865-</b>	City <b>none</b>	State <b>none</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>
<b>9. SHARES AUTHORIZED</b>				
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 22 2015  
 003449

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]* \_\_\_\_\_ 1/05/2015  
 Signature of Authorized Representative Date  
**Fernando J. Vieira**  
 Print or Type Name of Authorized Representative  
 President