



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. 116381		2. Exact name of the Corporation NEWPORT CEDAR DONUTS, INC.		
3. Principal office address 105 Cedar Street		City Pawtucket	State RI	Zip 02860-0000
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				
LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR PAGE CHANGE) <input type="checkbox"/>				
President Name Fernando J. Vieira		Vice-President Name Fernando J. Vieira		
Street Address 7 West Butterfly Way		Street Address 7 West Butterfly Way		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI
Secretary Name Fernando J. Vieira		Treasurer Name Fernando J. Vieira		
Street Address 7 West Butterfly Way		Street Address 7 West Butterfly Way		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI
LIST ALL DIRECTORS (NAMES AND ADDRESSES) (SEE BOX FOR PAGE CHANGE) <input type="checkbox"/>				
Director Name Fernando J. Vieira		Director Name none		
Street Address 7 West Butterfly Way		Street Address none		
City Lincoln	State RI	Zip 02865-	City none	State none
Director Name none		Director Name none		
Street Address none		Street Address none		
City none	State none	Zip none	City none	State none
9. SHARES AUTHORIZED <input 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
 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]
 Signature of Authorized Representative

1/05/2015
 Date

Fernando J. Vieira
 Print or Type Name of Authorized Representative
 President