



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. 116383		2. Exact name of the Corporation NEWPORT 223 DONUTS, INC.			
3. Principal office address 223 Newport Avenue		City East Providence		State RI	Zip 02915-0000
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 (DO NOT SIGN HERE)					
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	Zip 02865-
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	Zip 02865-
LIST ALL DIRECTORS' NAMES AND ADDRESSES (DO NOT SIGN HERE)					
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	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
SHARES AUTHORIZED					
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: _____
File No: _____
File: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 22 2015

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

Fernando J. Vieira

1/05/2015

Date

Print or Type Name of Authorized Representative
President

005638