



**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>116383</b>		2. Exact name of the Corporation <b>NEWPORT 223 DONUTS, INC.</b>			
3. Principal office address <b>223 Newport Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915-0000</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>IS ANY OFFICER'S NAME OR ADDRESS TO BE CHANGED? <input type="checkbox"/></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>	Zip <b>02865-</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>	Zip <b>02865-</b>
<b>IS ANY DIRECTOR'S NAME OR ADDRESS TO BE CHANGED? <input type="checkbox"/></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>	Zip <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>	Zip <b>none</b>
<b>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
			<b>100</b>	<b>Common</b>	<b>No Par</b>

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: \_\_\_\_\_  
 Office 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]*  
 Signature of Authorized Representative  
**Fernando J. Vieira**

**1/05/2015**  
 Date

Print or Type Name of Authorized Representative  
**President**

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