



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. 117066		2. Exact name of the Corporation KANSAS DONUTS, INC.			
3. Principal office address 12 Leila Jean Drive		City Bristol	State RI	Zip 02809-0000	
4. Business Phone No.		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island operation of a donut franchise					
7. INSTALL OFFICERS NAMES AND ADDRESSES (X) BOX FOR ATTACHMENT					
President Name Neal Faulkner			Vice-President Name Antonio Placido		
Street Address 279 Newbury Street			Street Address 12 Leila Jean Drive		
City Boston	State MA	Zip 02116-	City Bristol	State RI	Zip 02809-
Secretary Name Erica Placido-Coelho			Treasurer Name Denise Nicolace		
Street Address 12 Leila Jean Drive			Street Address 14 Pine Acres Drive		
City Bristol	State RI	Zip 02809-	City Bellingham	State MA	Zip 02019-
8. INSTALL DIRECTORS NAMES AND ADDRESSES (X) BOX FOR ATTACHMENT					
Director Name Antonio Placido			Director Name Neal Faulkner		
Street Address 12 Leila Jean Drive			Street Address 279 Newbury Street		
City Bristol	State RI	Zip 02809-	City Boston	State MA	Zip 02116-
Director Name Erica Placido-Coelho			Director Name Denise Nicolace		
Street Address 12 Leila Jean Drive			Street Address 14 Pine Acres Drive		
City Bristol	State RI	Zip 02809-	City Bellingham	State MA	Zip 02019-
9. 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.					
10. SHARES ISSUED (X) BOX FOR ATTACHMENT		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: _____
Filing Fee: _____
BY: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 23 2015

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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.

Signature of Authorized Representative

Date

Neal Faulkner

1/05/2015

Print or Type Name of Authorized Representative

President