

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company					
115997	JAN DO	JAN DOUGH, LLC					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	TO ENG	TO ENGAGE IN THE BUSINESS OF OPERATING DOUGHNUT FRANCHISE					
5. Principal office address 35 SOCKANOSSET CROSS ROAD		City CRANSTON	State RI	Zip 02920			
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT P	ERSON:			
Contact Name WILLIAM N. JANIKIES			Contact Title MANAGER				
Street Address 35 SOCKANOSSET CROSS ROAD			City CRANSTON	State RI	Zip 02920		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name WILLIAM N. JANIKIES			Manager Name CYNTHIA JANIKIES SIMONSON				
reet Address 5 SOCKANOSSET CROSS ROAD			Street Address 35 SOCKANOSSET CROSS ROAD				
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
B. RESIDENT AGENT IN R	HODE ISLAND						
This information is currer	ntly of record in the	e Office of the Secreta	ary of State. Changes require fi	iling Form 642.			

FILED

OCT 0 8 2015

RV 033709

File Date	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 tru	e and correct.	
Check No	1 — C — the	.o/5/15	
By:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	CYNTHIA J. SIMONSON		
FUR SECRETART OF STATE USE UNLT	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012