



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 2016

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. 518440		2. Exact name of the Corporation JJS DONUTS, INC.			
3. Principal office address 2148 Broad Street		City Cranston	State RI	Zip 02920-0000	
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 shop					
President Name Jonathan Ferreira					
Vice-President Name Sandra Rupkey					
Street Address 1719 Elmwood Avenue					
City Warwick	State RI	Zip 02888-	City Warwick	State RI	Zip 02888-
Secretary Name Sandra Rupkey					
Treasurer Name Jonathan Ferreira					
Street Address 1719 Elmwood Avenue					
City Warwick	State RI	Zip 02888-	City Warwick	State RI	Zip 02888-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Jonathan Ferreira			Director Name Sandra Rupkey		
Street Address 1719 Elmwood Avenue			Street Address 1719 Elmwood Avenue		
City Warwick	State RI	Zip 02888-	City Warwick	State RI	Zip 02888-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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	
300		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.

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.

Jonathan Ferreira
Signature of Authorized Representative

1/04/2016
Date

Jonathan Ferreira

Print or Type Name of Authorized Representative
President

BY

JAN 11 2016

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