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.	2. Exact name of the Corporation
141895	TORUS PARK AVE., INC.

3. Principal office address	City	State	Zip
1111 Park Avenue	Cranston	RI	02910-0000

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

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
George Zwiener	36 Sunset Avenue	North Kingstown	RI	02852-

Vice-President Name	Street Address	City	State	Zip
George Zwiener	36 Sunset Avenue	North Kingstown	RI	02852-

Secretary Name	Street Address	City	State	Zip
George Zwiener	36 Sunset Avenue	North Kingstown	RI	02852-

Treasurer Name	Street Address	City	State	Zip
George Zwiener	36 Sunset Avenue	North Kingstown	RI	02852-

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
George Zwiener	36 Sunset Avenue	North Kingstown	RI	02852-

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	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.

FILED
JAN 19 2016
BY 6802

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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: 1/04/2016

George Zwiener
Print or Type Name of Authorized Representative

President

Form No. 630
Revised: 01/2012