



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. 62668		2. Exact name of the Corporation WOONSOCKET DONUTS, INC.			
3. Principal office address 308 Cumberland Street		City Woonsocket	State RI	Zip 02895-0000	
4. Business Phone No. (401) 762-9645		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 Abilio Raposo			Vice-President Name Joseph Lima		
Street Address 52 Rosewood Lane			Street Address 309 Little Pond County Road		
City N.Attleboro	State MA	Zip 02763-	City Cumberland	State RI	Zip 02864-
Secretary Name Joseph Lima			Treasurer Name Abilio Raposo		
Street Address 309 Little Pond County Road			Street Address 52 Rosewood Lane		
City Cumberland	State RI	Zip 02864-	City N.Attleboro	State MA	Zip 02763-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Abilio Raposo			Director Name Joseph Lima		
Street Address 52 Rosewood Lane			Street Address 309 Little Pond County Road		
City N.Attleboro	State MA	Zip 02763-	City Cumberland	State RI	Zip 02864-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			200	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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 20 2016

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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

1/04/2016

Date

Abilio Raposo

Print or Type Name of Authorized Representative

President