



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. 87183		2. Exact name of the Corporation 3 ON 3 DONUTS, INC.			
3. Principal office address 49 Nooseneck Hill Road			City West Greenwich	State RI	Zip 02817-0000
4. Business Phone No. (401) 828-6530			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) <input type="checkbox"/>					
President Name Debra L. Henderson			Vice-President Name John P. Henderson, Jr.		
Street Address P.O. Box 1479			Street Address 25 Green Hill Way		
City Coventry	State RI	Zip 02816-	City East Greenwich	State RI	Zip 02818-
Secretary Name John P. Henderson, Jr.			Treasurer Name Debra L. Henderson		
Street Address 25 Green Hill Way			Street Address P.O. Box 1479		
City East Greenwich	State RI	Zip 02818-	City Coventry	State RI	Zip 02816-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Debra L. Henderson			Director Name John P. Henderson, Jr.		
Street Address P.O. Box 1479			Street Address 25 Green Hill Way		
City Coventry	State RI	Zip 02816-	City East Greenwich	State RI	Zip 02818-
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) <input type="checkbox"/>		
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
			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 _____
 Check No _____
 By: _____

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.

Debra L. Henderson 1/04/2016
 Signature of Authorized Representative Date

FILED

Debra L. Henderson
 Print or Type Name of Authorized Representative
President

JAN 21 2016
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