



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. <b>4997</b>		2. Exact name of the Corporation <b>COVENTRY DONUTS, INC.</b>			
3. Principal office address <b>800 Tiogue Avenue</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816-0000</b>
4. Business Phone No. <b>(401) 821-8703</b>			5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>operation of a donut shop</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Debra L. Henderson</b>			Vice-President Name <b>John P. Henderson, Jr.</b>		
Street Address <b>P.O. Box 1479</b>			Street Address <b>25 Green Hill Way</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816-</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818-</b>
Secretary Name <b>John P. Henderson, Jr.</b>			Treasurer Name <b>Debra L. Henderson</b>		
Street Address <b>25 Green Hill Way</b>			Street Address <b>P.O. Box 1479</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818-</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816-</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Debra L. Henderson</b>			Director Name <b>John P. Henderson, Jr.</b>		
Street Address <b>P.O. Box 1479</b>			Street Address <b>25 Green Hill Way</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816-</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818-</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
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
			<b>100</b>	<b>Common</b>	<b>No Par</b>

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

**FILED**

JAN 21 2016

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

**Debra L. Henderson**

Print or Type Name of Authorized Representative  
**President**

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