

3. Street Address Principal Business Office 1584 Warwick Avenue

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 68270 2. Name of Corporation
HOXSIE FOUR CORPORATION

| 3. Street Address Principal Business Office 1584 Warwick Avenue | | | ^{City} Warwick | State RI | Zip 02888 |
|---|--|-------------------------|-------------------------------------|----------------------------|-------------------------|
| 4. Business Phone No. 5. State of Incorporation RHODE ISLAND | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island BAKING AND SELLING OF DONUTS AND ANY OTHER LAWFUL PURPOSE | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name | | | Vice President Name | | |
| Robert S. Batista | | | Robert S. Batista | | |
| Street Address 1584 Warwick Avenue | | | Street Address 1584 Warwick Avenue | | |
| City Warwick | State RI | ^{Ζip} 02888 | ^{City} Warwick | State RI | ^{Zip} 02888 |
| Robert S. Batista | | | Treasurer Name Robert S. Batista | | |
| Street Address 1584 Warwick Avenue | | | Street Address 1584 Warwick Avenue | | |
| City Warwick | State RI | ^{Zip} 02888 | ^{City} Warwick | State RI | ^{Zip} 02888 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Robert S. Batista | | | Director Name | | |
| Street Address | | | Street Address | | |
| Same as above | | | • | | |
| ' City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | | |
| | | | 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 |
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| 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. | | | | | |
| FIEDO | | | | | |
| Under penalty of perjury, I declare and affirm that I have examined this report, | | | | | |
| | , | JAN 25 2016 | | ing schedules and statemen | |
| File Date | | hhanne | | | 1/18/16 |
| Check No. | | <u> </u> | Signature Date Robert S. Batista | | |
| _ | | | Print or Type Name | | |
| By: | | | President | | |
| FOR SECRETARY OF STA | TE USE ONLY | | Title | | · |
| | ······································ | | 11116 | | Form 630 Rev. 08/08 |