State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000080693

2. Name of Corporation DOCTOR'S ASSOCIATES, INC.

3. Street Address Principal Business Office:

No. and Street: 700 S. ROYAL POINCIANA BOULEVARD
SUITE 500
City or Town: MIAMI SPRINGS State: FL Zip: 33166 Country: USA

4. Business Phone No.

800-888-4848

5. State of Incorporation

State: FL

6. Brief Description of the Character of Business Conducted in Rhode Island

Owner and Licensor of the Trademark SUBWAY®

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SUZANNE GRECO	325 SUB WAY MILFORD, CT 06461 USA
SECRETARY	MILDRED K SHINN	325 SUB WAY MILFOD, CT 06461 USA
EXECUTIVE VICE PRESIDENT	CYNTHIA EADIE	325 SUB WAY MILFORD, CT 06461 USA
TREASURER	MILDRED K SHINN	325 SUB WAY MILFORD, CT 06461 USA

EXECUTIVE VICE PRESIDENT	MILDRED K SHINN	325 SUB WAY MILFORD, CT 06461 USA
DIRECTOR	HAYDEE BUCK	325 SUB WAY MILFORD, CT 06461 USA
DIRECTOR	SUZANNE GRECO	325 SUB WAY MILFORD, CT 06461 USA
DIRECTOR	MILDRED K SHINN	325 SUB WAY MILFORD, CT 06461 USA
DIRECTOR	CURTIS DIPASQUA	325 SUB WAY MILFORD, CT 06461 USA
DIRECTOR	SANDRA MAPLE	325 SUB WAY MILFORD, CT 06461 USA
DIRECTOR	DAVID PFANZELTER	325 SUB WAY MILFORD, CT 06461 USA
DIRECTOR	PETER BUCK	325 SUB WAY MILFORD, CT 06461 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CNP		$0.0000	1,000.00	200

9. 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.

Signed this 27 Day of January, 2016 at 3:48:09 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MILDRED K SHINN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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