



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

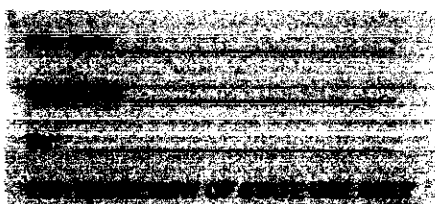
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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. 65753		2. Exact name of the Corporation J.P. DONUTS, INC.			
3. Principal office address 275 Main Street		City Warren	State RI	Zip 02885-0000	
4. Business Phone No.		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island to operate a donut shop					
President Name Joseph Prazeres					
Vice-President Name Joseph Prazeres					
Street Address 670 Metacom Avenue					
City Warren	State RI	Zip 02885-	City Warren	State RI	Zip 02885-
Secretary Name Joseph Prazeres					
Treasurer Name Joseph Prazeres					
Street Address 670 Metacom Avenue					
City Warren	State RI	Zip 02885-	City Warren	State RI	Zip 02885-
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Joseph Prazeres			Director Name none		
Street Address 670 Metacom Avenue			Street Address none		
City Warren	State RI	Zip 02885-	City none	State none	Zip none
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. CHANGES REQUIRED ☐					
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.



FILED
FEB 25 2016

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.

Joseph Prazeres
Signature of Authorized Representative

1/04/2016
Date

Joseph Prazeres

Print or Type Name of Authorized Representative
President