(3)	State of Rhode Isl
	State of Rhode Isl Department

land and Providence Plantations of State - Business Services Division

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Annual Report for the year: **Limited Liability Company**

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 111707	2. Exact name of the Limited Liability Company WARREN DONUTS, LLC						
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island						
Rhode Island	to operate a donut shop						
5. Principal Office Address 621 Metacom Avenue				State RI	Zip 02885-0000		
G Mailing Address of Limited Li	ability Campa	av and blome or Tit	la of Contact Domos		***************************************		
Mailing Address of Limited Liability Company and Name or Title Contact Name Joseph Prazeres			Contact Title Manager				
Street Address 621 Metacom Avenue			City Warren	State RI	Zip 02885-0000		
7. List ALL managers (names a	nd addresses) of the Limited Lial	bility Company, IF APPLICAB	LE - DO NOT LIST	MEMBERS		
Manager Name Joseph Prazeres			Manager Name				
Street Address 670 Metacom Avenue			Street Address				
City Warren	State RI	Zip 02885	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	· *			Check the box to	indicate an attachment		
8. Resident Agent in Rhode Isla	nd. This informa	ation is currently of re	cord in the Department of State.	Changes require filing	Form 642.		
Under penalty of perjury, I dec statements, and that all stater				any accompanyi	ng schedules and		
Name of Authorized Person				Date			
Joseph Prazeres	Manager			09/01/2016			
Signature of Authorized Person	/u/	SIGN DO	CUMENT HERE				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 632 - Revised 05/2016