



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 123113		2. Exact name of the Corporation TECS DONUTS, INC.			
3. Principal Office Address 40 Carrie Avenue			City East Providence	State RI	Zip 02916-0000
4. Business Phone Number:		6. Brief description of the character of business conducted in Rhode Island operate a donut shop			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven Andrade			Vice-President Name Christopher Andrade		
Street Address 71 Fairview Avenue			Street Address 62 Cameron Way		
City Rehoboth	State MA	Zip 02769-	City Rehoboth	State MA	Zip 02769-
Secretary Name Edward Andrade			Treasurer Name Edward Andrade		
Street Address 141 Fairway Drive			Street Address 141 Fairway Drive		
City Attleboro	State MA	Zip 02703-	City Attleboro	State MA	Zip 02703-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven Andrade			Director Name Christopher Andrade		
Street Address 71 Fairview Avenue			Street Address 62 Cameron Way		
City Rehoboth	State MA	Zip 02769-	City Rehoboth	State MA	Zip 02769-
Director Name Edward Andrade			Director Name none		
Street Address 141 Fairway Drive			Street Address none		
City Attleboro	State MA	Zip 02703-	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			102		Common
					No Par
11. 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. <i>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.</i>					
Name of Authorized Representative Steven Andrade				Date 1/02/2017	
Signature of Authorized Representative 				SIGN DOCUMENT 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

FILED
 JAN 19 2017
 BY 067220 FORM 630 - Revised: 08/2016