



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 67228		2. Exact name of the Corporation PORTSMOUTH DONUTS, INC.			
3. Principal Office Address 3070 East Main Road			City Portsmouth	State RI	Zip 02871-0000
4. Business Phone Number: (401) 683-9832		6. Brief description of the character of business conducted in Rhode Island to operate a donut franchise			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Arthur J. Medeiros		Vice-President Name David Medeiros			
Street Address 235 Robinson Street		Street Address 147 King Phillip Road			
City East Providence	State RI	Zip 02914-	City Seekonk	State MA	Zip 02771-
Secretary Name David Medeiros		Treasurer Name Arthur J. Medeiros			
Street Address 147 King Phillip Road		Street Address 235 Robinson Street			
City Seekonk	State MA	Zip 02771-	City East Providence	State RI	Zip 02914-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arthur J. Medeiros		Director Name David Medeiros			
Street Address 235 Robinson Street		Street Address 147 King Phillip Road			
City East Providence	State RI	Zip 02914-	City Seekonk	State MA	Zip 02771-
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. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	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. 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.					
Name of Authorized Representative Arthur J. Medeiros				Date 1/02/2017	
Signature of Authorized Representative <i>Arthur J. Medeiros</i>				<div style="border: 2px solid black; padding: 5px; display: inline-block;"> FILED JAN 19 2017 BY <u>012875</u> </div>	
SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov