



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 128352		2. Exact name of the Corporation ANDRADE CRANSTON DONUTS, INC.			
3. Principal Office Address 552-554 Cranston Street		City Providence		State RI	Zip 02907-0000
4. Business Phone Number:		6. Brief description of the character of business conducted in Rhode Island operation of 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 Alfredo Andrade			Vice-President Name Alfredo Andrade		
Street Address 19 Jakes Junction			Street Address 19 Jakes Junction		
City Attleboro	State MA	Zip 02703-	City Attleboro	State MA	Zip 02703-
Secretary Name Alfredo Andrade			Treasurer Name Alfredo Andrade		
Street Address 19 Jakes Junction			Street Address 19 Jakes Junction		
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 Alfredo Andrade			Director Name none		
Street Address 19 Jakes Junction			Street Address none		
City Attleboro	State MA	Zip 02703-	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. Shares Authorized 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.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		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 Alfredo Andrade				Date 1/02/2017	
Signature of Authorized Representative <i>Alfredo Andrade</i>				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

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Form 150 - Revised: 08/2016