



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 142385		2. Exact name of the Corporation ELK DONUTS, INC.			
3. Principal Office Address 2785 Pawtucket Avenue		City East Providence		State RI	Zip 02914-0000
4. Business Phone Number:		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 Joseph F. Martins		Vice-President Name Carmen M. Martins			
Street Address 95 Rice Avenue		Street Address 95 Rice Avenue			
City East Providence	State RI	Zip 02914-	City East Providence	State RI	Zip 02914-
Secretary Name Carmen M. Martins		Treasurer Name Joseph F. Martins			
Street Address 95 Rice Avenue		Street Address 95 Rice Avenue			
City East Providence	State RI	Zip 02914-	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 Joseph F. Martins		Director Name Carmen M. Martins			
Street Address 95 Rice Avenue		Street Address 95 Rice Avenue			
City East Providence	State RI	Zip 02914-	City East Providence	State RI	Zip 02914-
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	
		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 Joseph F. Martins		President		FILED	Date 1/02/2017
Signature of Authorized Representative 		SIGN DOCUMENT HERE JAN 13 2017 			

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 630 - Revised: 08/2016