



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

Annual Report for the year: 2016  
**Corporation**

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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2017 JAN 20 AM 10:59

1. Entity ID Number 000122250		2. Exact name of the Corporation Donada, Inc.			
3. Principal Office Address 667 Providence Street			City Woonsocket	State RI	Zip 02895
4. Business Phone Number: 401-769-9811		6. Brief description of the character of business conducted in Rhode Island Trucking Transportation and Warehousing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Donald Lachapelle			Vice-President Name Michael Lachapelle		
Street Address 184 Whipple Ave			Street Address 537 Central Ave		
City Oakland	State RI	Zip 02858	City Seekonk	State MA	Zip 02771
Secretary Name Christine Torrence			Treasurer Name Christine Torrence		
Street Address 97 Keystone DR.			Street Address 97 Keystone DR.		
City W Warwick	State RI	Zip 02889	City W Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <u>8000</u>			10. Shares Issued <u>2000</u> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. RI Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			\$ 0.00		
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. <b>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.</b>					
Name of Authorized Representative Christine Torrence					Date 11/7/2016
Signature of Authorized Representative <i>Christine Torrence</i>					

SIGN DOCUMENT HERE **FILED**

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

JAN 20 2017  
 By 293726  
 A.A. W. D.A.M. FORM 630 - Revised: 08/2016