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	2. Exact name of the Corporation		
55371	E.G. DONUTS, INC.		
3. Principal Office Address	City	State	Zip
98 County Street	Taunton	MA	02780-0000
4. Business Phone Number: (401) 884-9677	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 ☐

President Name			Vice-President Name		
Dinart C. Serpa			none		
Street Address			Street Address		
112 Elliott Street			none		
City	State	Zip	City	State	Zip
Beverly	MA	01915-	none	none	none
Secretary Name			Treasurer Name		
Bruce Thomas			Bruce Thomas		
Street Address			Street Address		
48 Church Green			48 Church Green		
City	State	Zip	City	State	Zip
Taunton	MA	02780-	Taunton	MA	02780-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Dinart C. Serpa			Bruce Thomas		
Street Address			Street Address		
112 Elliott Street			48 Church Green		
City	State	Zip	City	State	Zip
Beverly	MA	01915-	Taunton	MA	02780-
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	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 ☐

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		Date
Dinart C. Serpa	President	1/02/2017

Signature of Authorized Representative

Dinart C. Serpa SIGN DOCUMENT HERE

FILED
JAN 25 2017
By 1347
KM

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

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FORM 630 - Revised: 08/2016