



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

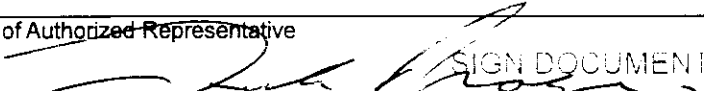
Annual Report for the year: 2017

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 65753		2. Exact name of the Corporation J.P. DONUTS, INC.			
3. Principal Office Address 275 Main Street		City Warren		State RI	Zip 02885-0000
4. Business Phone Number:		6. Brief description of the character of business conducted in Rhode Island to operate a donut shop			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Prazeres			Vice-President Name Joseph Prazeres		
Street Address 670 Metacom Avenue			Street Address 670 Metacom Avenue		
City Warren	State RI	Zip 02885-	City Warren	State RI	Zip 02885-
Secretary Name Joseph Prazeres			Treasurer Name Joseph Prazeres		
Street Address 670 Metacom Avenue			Street Address 670 Metacom Avenue		
City Warren	State RI	Zip 02885-	City Warren	State RI	Zip 02885-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Prazeres			Director Name none		
Street Address 670 Metacom Avenue			Street Address none		
City Warren	State RI	Zip 02885-	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 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
			100		Common
					PAR VALUE
					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 Prazeres President				Date 1/02/2017	
Signature of Authorized Representative  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

FEB 03 2017

BY 12089

FORM 630 - Revised: 08/2016

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