



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

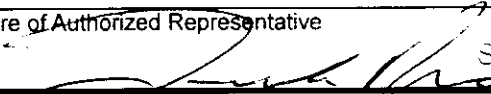
Annual Report for the year: 2017

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 80346		2. Exact name of the Corporation METACOM AVE. DONUTS, INC.			
3. Principal Office Address 670 Metacom Avenue		City Warren		State RI	Zip 02885-0000
4. Business Phone Number: (410) 245-9400		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 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 PAR VALUE		
			102	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 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 285398

FORM 630 - Revised: 08/2016

KLM