



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 11378		2. Exact name of the Corporation MJ Donuts, Inc.			
3. Principal Office Address 6166 Post Road		City No. Kingstown		State RI	Zip 02852
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island The baking and selling of donuts and any other lawful purpose			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Batista			Vice-President Name		
Street Address 30 Pardons Wood Lane			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name David Batista			Treasurer Name David Batista		
Street Address 30 Pardons Wood Lane			Street Address 30 Pardons Wood Lane		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Batista			Director Name		
Street Address Same as above			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					
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 David Batista				Date 1/19/17	
Signature of Authorized Representative					

FILED
SIGN DOCUMENT HERE **FEB 07 2017**
BY 6533 DS

MAIL TO:
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