



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 <b>543920</b>		2. Exact name of the Corporation <b>LKM Donuts, Inc.</b>												
3. Principal Office Address <b>670 Jefferson Blvd.</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>									
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>Donut shop.</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Lino Correia</b>			Vice-President Name <b>Lino Correia</b>											
Street Address <b>115 Oak Crest Drive</b>			Street Address <b>115 Oak Crest Drive</b>											
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>									
Secretary Name <b>Lino Correia</b>			Treasurer Name <b>Lino Correia</b>											
Street Address <b>115 Oak Crest Drive</b>			Street Address <b>115 Oak Crest Drive</b>											
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>									
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Lino Correia</b>			Director Name <b>None</b>											
Street Address <b>115 Oakcrest Drive</b>			Street Address											
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip									
Director Name <b>None</b>			Director Name <b>None</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <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.  Changes require an additional filing.			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align:center">NUMBER OF SHARES</th> <th style="text-align:center">CLASS/SERIES</th> <th style="text-align:center">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center"><b>100</b></td> <td style="text-align:center"><b>common</b></td> <td style="text-align:center"><b>no par value</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>common</b>	<b>no par value</b>			
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<b>100</b>	<b>common</b>	<b>no par value</b>												
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. <i>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.</i>														
Name of Authorized Representative <b>Lino Correia</b>			Date <b>2/6/2017</b>											
Signature of Authorized Representative 														

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

**FILED**  
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