



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

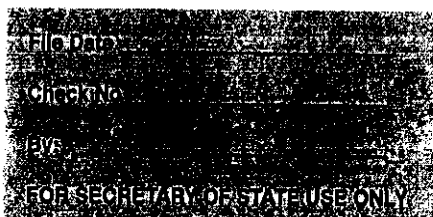
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

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|---|--------------------|---|---|---------------------|---------------------|------------------|--------------|-----------|
| 1. Entity ID No. 40624 | | 2. Exact name of the Corporation T & T Donuts, Inc. | | | | | | |
| 3. Principal office address 315 Broad Street | | City Providence | State RI | Zip 02907 | | | | |
| 4. Business Phone No. 401-272-5912 | | 5. State of Incorporation Rhode Island | | | | | | |
| 6. Brief description of the character of business conducted in Rhode Island To operate a donut franchise. | | | | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT | | | | | | | | |
| President Name Valter M. Teves | | | Vice-President Name Anibal M. Teves | | | | | |
| Street Address 1270 Reynolds Road | | | Street Address 348 Sutton Avenue | | | | | |
| City Chepachet | State RI | Zip 02814 | City East Providence | State RI | Zip 02914 | | | |
| Secretary Name Valter M. Teves | | | Treasurer Name Anibal M. Teves | | | | | |
| Street Address 1270 Reynolds Road | | | Street Address 348 Sutton Avenue | | | | | |
| City Chepachet | State RI | Zip 02814 | City East Providence | State RI | Zip 02914 | | | |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT | | | | | | | | |
| Director Name Valter M. Teves | | | Director Name Anibal M. Teves | | | | | |
| Street Address 1270 Reynolds Road | | | Street Address 348 Sutton Avenue | | | | | |
| City Chepachet | State RI | Zip 02814 | City East Providence | State RI | Zip 02914 | | | |
| Director Name | | | Director Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| 9. SHARES AUTHORIZED | | | | | | | | |
| 10. SHARES ISSUED (X) BOX FOR ATTACHMENT | | | | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | | | | | | |
| | | | | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | | | | 200 | COMMON | NO PAR |

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.



FILED

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BY

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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.

Signature of Authorized Representative

Date

Valter M. Teves, President

Print or Type Name of Authorized Representative