



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

Annual Report for the year: 2018
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 126206		2. Exact name of the Corporation JST DONUTS, INC.			
3. Principal Office Address 37 Academy Avenue			City Bristol	State RI	Zip 02809-0000
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island to operate donut shop			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fernando R. Ferreira			Vice-President Name Sandra Rupkey		
Street Address 37 Academy Avenue			Street Address 37 Academy Avenue		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Secretary Name Maria Grace Ferreira			Treasurer Name Fernando R. Ferreira		
Street Address 37 Academy Avenue			Street Address 37 Academy Avenue		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Fernando R. Ferreira			Director Name Maria Grace Ferreira		
Street Address 37 Academy Avenue			Street Address 37 Academy Avenue		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		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 Fernando R. Ferreira				Date 1/02/2018	
Signature of Authorized Representative <div style="display: flex; justify-content: space-between; align-items: center;"> FILED </div>					

MAIL TO:
Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 02 2018

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