



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.

FILED

JAN 18 2018

BY

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1. Entity ID Number 89076		2. Exact name of the Corporation CENTRAL AVENUE DONUTS, INC.			
3. Principal Office Address 1113 Central Avenue			City Pawtucket	State RI	Zip 02861-0000
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island to operate a 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 Manuel P. Andrade			Vice-President Name Steven Andrade		
Street Address 40 Carrie Avenue			Street Address 71 Fairview Avenue		
City East Providence	State RI	Zip 02916-	City Rehoboth	State MA	Zip 02769-
Secretary Name Edward Andrade			Treasurer Name Manuel P. Andrade		
Street Address 141 Fairway Drive			Street Address 40 Carrie Avenue		
City Attleboro	State MA	Zip 02703-	City E.Providence	State RI	Zip 02916-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Manuel P. Andrade			Director Name Steven Andrade		
Street Address 40 Carrie Avenue			Street Address 71 Fairview Avenue		
City East Providence	State RI	Zip 02916-	City Rehoboth	State MA	Zip 02769-
Director Name Edward Andrade			Director Name Christopher Andrade		
Street Address 141 Fairway Drive			Street Address 62 Cameron Way		
City Attleboro	State MA	Zip 02703-	City Rehoboth	State MA	Zip 02769-
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
			120	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 Manuel P. Andrade				Date 1/02/2018	
Signature of Authorized Representative <i>Manuel P. Andrade</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017