



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) <input type="checkbox"/> Check the box to indicate an attachment					
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) <input type="checkbox"/> Check the box to indicate an attachment					
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 This information is currently of record in the Department of State.			10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment		
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.					
<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 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