



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

Annual Report for the year: 2018
Corporation

FILED

JAN 19 2018

BY 2247

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- 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 142385	2. Exact name of the Corporation ELK DONUTS, INC.
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3. Principal Office Address 2785 Pawtucket Avenue	City East Providence	State RI	Zip 02914-0000
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4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island to operate a donut franchise
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph F. Martins			Vice-President Name Carmen M. Arruda		
Street Address 95 Rice Avenue			Street Address 57 Eleanor Drive		
City East Providence	State RI	Zip 02914-	City Seekonk	State MA	Zip 02771-
Secretary Name Carmen M. Arruda			Treasurer Name Joseph F. Martins		
Street Address 57 Eleanor Drive			Street Address 95 Rice Avenue		
City Seekonk	State MA	Zip 02771-	City East Providence	State RI	Zip 02914-

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph F. Martins			Director Name Carmen M. Arruda		
Street Address 95 Rice Avenue			Street Address 57 Eleanor Drive		
City East Providence	State RI	Zip 02914-	City Seekonk	State MA	Zip 02771-
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 Joseph F. Martins	Date 1/02/2018
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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