



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

FILED

Annual Report for the year: 2018
Corporation

JAN 19 2018

BY 1460 ea

- 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 127291		2. Exact name of the Corporation OAK HARBOUR DONUTS, INC.			
3. Principal Office Address 98 County Street			City Taunton		State MA
			Zip 02780-0000		
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 Dinart C. Serpa			Vice-President Name none		
Street Address 112 Elliott Street			Street Address none		
City Beverly	State MA	Zip 01915-	City none	State none	Zip none
Secretary Name Bruce Thomas			Treasurer Name Bruce Thomas		
Street Address 48 Church Green			Street Address 48 Church Green		
City Taunton	State MA	Zip 02780-	City Taunton	State MA	Zip 02780-
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Dinart C. Serpa			Director Name Bruce Thomas		
Street Address 112 Elliott Street			Street Address 48 Church Green		
City Beverly	State MA	Zip 01915-	City Taunton	State MA	Zip 02780-
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			
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 Dinart C. Serpa President					Date 1/02/2018
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov