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

FILED
FEB 13 2018
BY 11451

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	2. Exact name of the Corporation
82972	J.T. DONUTS, INC.

3. Principal Office Address	City	State	Zip
484 Taunton Avenue	East Providence	RI	02914-0000

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	to operate a donut franchise
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Antonio A. Arruda	21 Jane Howland Place	Seekonk	MA	02771-

Vice-President Name	Street Address	City	State	Zip
Aida B. Arruda	21 Jane Howland Place	Seekonk	MA	02771-

Secretary Name	Street Address	City	State	Zip
Christopher Arruda	291 Miller Street	Seekonk	MA	02771-

Treasurer Name	Street Address	City	State	Zip
Antonio A. Arruda	21 Jane Howland Place	Seekonk	MA	02771-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Antonio A. Arruda	21 Jane Howland Place	Seekonk	MA	02771-

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

9. Shares Authorized — **This information is currently of record in the Department of State.** **Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50	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		Date
Antonio A. Arruda	President	1/02/2018

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

FORM 630 - Revised: 10/2017