



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.

1. Entity ID Number 43445		2. Exact name of the Corporation F & C DONUTS, INC.			
3. Principal Office Address 900 Cranston Street			City Cranston	State RI	Zip 02920
4. NAICS Code 445291		6. Brief description of the character of business conducted in Rhode Island Management and operation of a donut shop			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Fatima Dutra			Vice-President Name Fatima Dutra		
Street Address 199 Rumstick Road			Street Address 199 Rumstick Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Fatima Dutra			Treasurer Name Fatima Dutra		
Street Address 199 Rumstick Road			Street Address 199 Rumstick Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			400	Common	No
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 Fatima Dutra, President					Date
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

FILED

FEB 14 2018

BY

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