



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 131006		2. Name of Corporation THE BOYZ DONUTS, INC.			
3. Street Address Principal Business Office 729 Hartford Avenue			City Providence	State RI	Zip 02909
4. Business Phone No. (401) 946-5450		5. State of Incorporation RHODE ISLAND			6. SIC Code 612
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE COFFEE AND PASTRIES, WHOLESALE AND RETAIL, ALLIED SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Charles Tsoumakas			Vice President Name Sheila Tsoumakas		
Street Address 1 Alberta Street			Street Address 1 Alberta Street		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Sheila Tsoumakas			Treasurer Name Charles Tsoumakas		
Street Address 1 Alberta Street			Street Address 1 Alberta Street		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Charles Tsoumakas			Director Name Sheila Tsoumakas		
Street Address 1 Alberta Street			Street Address 1 Alberta Street		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Hope	RI	02831	Hope	RI	02831
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			300	Common/No Series	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 2-22-05
Check No. 6788
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/27/05
Signature of Officer Date
Charles Tsoumakas
Print or Type Name of Officer
President
Title of Officer



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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 3 1 0 0 6 *

File Date 3-1-04
Check No. 2994
By: WD
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 2-25-04

Charles Tsoumakas
Print or Type Name of Officer

President
Title of Officer