STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Divisi
100 North Main Str.
Providence, RI 02903-13
401.222.30

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.	2. Name of Corporation			
139914	C & C DONUTS, INC.			
3. Street Address Principal Business Office		City	State	Zip
467 Hope Street		Bristol	RI	02809
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	RHODE ISLAND			612

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A RETAIL AND WHOLESALE DONUT SHOP

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Joseph Prazeres	15 Dorman Drive	Seekonk	MA	02771

Vice President Name	Street Address	City	State	Zip
Christopher J. Prazeres	15 Dorman Drive	Seekonk	MA	02771

Secretary Name	Street Address	City	State	Zip
Clifton J. Prazeres	15 Dorman Drive	Seekonk	MA	02771

Treasurer Name	Street Address	City	State	Zip
Joseph Prazeres	15 Dorman Drive	Seekonk	MA	02771

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Joseph Prazeres	15 Dorman Drive	Seekonk	MA	02771

Director Name	Street Address	City	State	Zip
Christopher J. Prazeres	15 Dorman Drive	Seekonk	MA	02771

Director Name	Street Address	City	State	Zip
Clifton J. Prazeres	15 Dorman Drive	Seekonk	MA	02771

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

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

[redacted] [redacted]

1-26-05
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2c

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 1/15/05 *Date*

Joseph Prazeres
Print or Type Name of Officer

President

[redacted]