



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILEDSTAMP
JAN 07 2019

BY

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JON

1. Entity ID Number 116380		2. Exact name of the Corporation TORUS GARDEN CITY DONUTS, INC.			
3. Principal Office Address 630 Reservoir Avenue			City Cranston	State RI	Zip 02910-0000
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island to operate a donut franchise				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Norbert J. Zwiener			Vice-President Name George Zwiener		
Street Address 81 Church Street			Street Address 36 Sunset Avenue		
City East Greenwich	State RI	Zip 02818-	City North Kingstown	State RI	Zip 02852-
Secretary Name Norbert J. Zwiener			Treasurer Name George Zwiener		
Street Address 81 Church Street			Street Address 36 Sunset Avenue		
City East Greenwich	State RI	Zip 02818-	City North Kingstown	State RI	Zip 02852-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Norbert J. Zwiener			Director Name George Zwiener		
Street Address 81 Church Street			Street Address 36 Sunset Avenue		
City East Greenwich	State RI	Zip 02818-	City North Kingstown	State RI	Zip 02852-
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Norbert J. Zwiener				Date 1/07/2019	
Signature of Authorized Representative 				SIGN DOCUMENT HERE 	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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