



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.

1. Entity ID Number 102907		2. Exact name of the Corporation BLACKSTONE DONUTS, INC.			
3. Principal Office Address 403 Broadway			City Pawtucket	State RI	Zip 02860-0000
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island operation of a donut shop				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alfredo Andrade			Vice-President Name Brian Andrade		
Street Address 19 Jakes Junction			Street Address 19 Jakes Junction		
City Attleboro	State MA	Zip 02703-	City Attleboro	State MA	Zip 02703-
Secretary Name Dorothy Andrade			Treasurer Name Maria Andrade		
Street Address 19 Jakes Junction			Street Address 19 Jakes Junction		
City Attleboro	State MA	Zip 02703-	City Attleboro	State MA	Zip 02703-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alfredo Andrade			Director Name Maria Andrade		
Street Address 19 Jakes Junction			Street Address 19 Jakes Junction		
City Attleboro	State MA	Zip 02703-	City Attleboro	State MA	Zip 02703-
Director Name Brian Andrade			Director Name Dorothy Andrade		
Street Address 19 Jakes Junction			Street Address 19 Jakes Junction		
City Attleboro	State MA	Zip 02703-	City Attleboro	State MA	Zip 02703-
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
		100		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 Alfredo Andrade President				Date 1/07/2019	
Signature of Authorized Representative <i>Alfredo Andrade</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

STATE DOCUMENT

FILED**JAN 09 2019**

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FORM 630 - Revised: 10/2017