



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

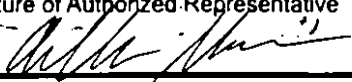
Annual Report for the year: **2019**
Corporation

STAMP

→ 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 156316		2. Exact name of the Corporation LONSDALE DONUTS, INC.			
3. Principal Office Address 465 Lonsdale Avenue			City Pawtucket	State RI	Zip 02860-0000
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island to operate 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 Arthur J. Medeiros			Vice-President Name David Medeiros		
Street Address 235 Robinson Street			Street Address 233 Cole Avenue		
City East Providence	State RI	Zip 02914-	City Warwick	State RI	Zip 02886-
Secretary Name David Medeiros			Treasurer Name Arthur J. Medeiros		
Street Address 233 Cole Avenue			Street Address 235 Robinson Street		
City Warwick	State RI	Zip 02886-	City East Providence	State RI	Zip 02914-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arthur J. Medeiros			Director Name David Medeiros		
Street Address 235 Robinson Street			Street Address 233 Cole Avenue		
City East Providence	State RI	Zip 02914-	City Warwick	State RI	Zip 02886-
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Arthur J. Medeiros President				Date 1/07/2019	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 09 2019

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FORM 630 - Revised: 10/2017