



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 128352		2. Exact name of the Corporation ANDRADE CRANSTON DONUTS, INC.						
3. Pnnicipal Office Address 552-554 Cranston Street				City Providence		State RI	Zip 02907-0000	
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						Date 1/07/2019		
Signature of Authorized Representative <i>Alfredo Andrade</i>								

RECEIVED DOCUMENT

FILED

JAN 09 2019

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