RI SOS Filing Number: 201984098560 Date: 1/9/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual I	Report	for the	year:
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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.

Entity ID Number	2 Evact nam	ne of the Corporation					
,	1	·					
133108	CALF DO	ONUTS, INC.			 -		
Principal Office Address	Principal Office Address		City		State	Zip	
. 1245 North Main Stre	. 1245 North Main Street		Provide	nce	RI	02904-0000	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
722513	operatio	operation of a donut shop					
5. State of Incorporation	–						
RI							
7. List ALL officers (names and a	addresses)				eck the box to indic	ate an attachment 🔲	
President Name	·			Vice-President Name			
Alfredo Andrade			Brian Andrade				
Street Address 19 Jakes Junction			Street Address 19 Jakes Junction				
City	State	Zip	City		State	Zip	
Attlehoro	MA	02703-	Attlebo	ro	MA	02703-	
Secretary Name		Treasurer Name					
Dorothy Andrade				Andrade	<u></u>		
Street Address			Street Address				
19 Jakes Junction		15.		s Junction	In		
City Attleboro	State MA	Žip 02703-	City Attlebo	oro	State M A	Zip 02703-	
8. List ALL directors (names and		02.00			eck the box to indic	ate an attachment	
Director Name	1 8001 63363/		Director Name		on the sex to more		
Alfredo Andrade			Maria	Maria Andrade			
Street Address			Street Address				
19 Jakes Junction	19 Jakes Junction			es Junction			
City Attleboro	State MA	Zip 02703-	City Attlebe)ro	State MA	^{Zip} 02703-	
Director Name		<u> </u>	Director Name				
Brian Andrade				Dorothy Andrade			
Street Address 19 Jakes Junction			Street Address 19 Jakes Junction				
City Attleboro	State MA	Zip 02703-	City Attlebe	oro	State MA	Zip 02703-	
9. Shares Authorized		10. Shares Issu	.ed	Ch	eck the box to indic	ate an attachment	
This information is currently of re	cord in the	NUMBER OF		CLASS/S		PAR VALUE	
Department of State.		1	100	Comr	non	No Par	
Changes require an additional filing.		<u> </u>	100		Common		
					ļ		
11. This report must be executed					orporation is in the l	nands of a receiver or	
trustee, this report must be exec	uted on behalf o	f the corporation by t	he receiver or to	ustee.		-11d	
Under penalty of perjury, I dec				ncluding any ac	companying sche	uules eno	
Name of Authorized Representa	and that all statements contained herein are true and correct.			Date	Date		
Alfredo Andrade	····· •	President		1/07/2019			
Signature of Authorized Representative							
Allredo Andrade FILED							
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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 0 9 2019

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