



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 133108		2. Exact name of the Corporation CALF DONUTS, INC.					
3. Principal Office Address 1245 North Main Street				City Providence		State RI	Zip 02904-0000
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. <i>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.</i>							
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
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JAN 09 2019
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