



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 139914		2. Exact name of the Corporation C & C DONUTS, INC.			
3. Principal Office Address 467 Hope Street			City Bristol	State RI	Zip 02809-0000
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island to operate a donut franchise			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Prazeres			Vice-President Name Christopher J. Prazeres		
Street Address 670 Metacom Avenue			Street Address 15 Dorman Drive		
City Warren	State RI	Zip 02885-	City Seekonk	State MA	Zip 02771-
Secretary Name Clifton J. Prazeres			Treasurer Name Joseph Prazeres		
Street Address 46 Ryan's Way			Street Address 670 Metacom Avenue		
City Swansea	State MA	Zip 02777-	City Warren	State RI	Zip 02885-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph Prazeres			Director Name Christopher J. Prazeres		
Street Address 670 Metacom Avenue			Street Address 15 Dorman Drive		
City Warren	State RI	Zip 02885-	City Seekonk	State MA	Zip 02771-
Director Name Clifton J. Prazeres			Director Name none		
Street Address 46 Ryan's Way			Street Address none		
City Swansea	State MA	Zip 02777-	City none	State none	Zip none
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	
		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 Joseph Prazeres 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

FILED
 JAN 22 2019
 BY 105906