

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State •
Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222-3040

Form 630 Rev. 12/03

2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ___

Filing Fee: \$50.00 Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 45522 R.B. Donuts, Inc. 3. Street Address Principal Business Office 5. State of Incorporation 6. SIC Civile 4. Business Phone No. 612 401-229 **MASSACHUSETTS** be Character of Business Conducted in Rhode Island FRANCHISE COFFEE AND DONUT SHOP FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name President Name Street Address 7.fp Treasurer Name Street Address Street Address City State Zip City State Zip ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Street Address Street Address State Zip Zip City Director Name Daw Sirect Address Street Address State $Z\phi$ Zip City City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class/Series Par Value Number of Shares Class Series 15,000 COMM NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 hereinlare the and correct. FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

Matthew	A. Brown, Secretar	y of State			401.222.3040
PROFIT CORP			ORT FOR THE YEA	R2004	
(FORM MUST BE TYPED OR	PRINTED IN BLACK)				
1. Corporate ID No.	2. Name of Corpo	ration			
45522	R.B. Donut	s, Inc.		In .	1 2/2
3. Street Address Principal Busi			City	State	12ip 102767
4. Business Phone No.	<u> Freet</u>	5. State of Incorpora	<u>Planville</u>	_IMA	6. SIC Cocle
50-00 1-05-3	2/ //	1 ' '			612
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	FEE AND DONUT SHO				
8. NAMES AND ADDRES	SSES OF THE OFFIC	ERS: ("X" BOX FOR	ATTACHMENT)	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Robert B	Cure ~		Sime	so a bave	
Sireet Address			Street Address		
2 Taunt	on Stre	<u>et - </u>			_ _
City	State	Zip	City	State	Z.lp
Pleceny LVC	1 (V\A	101762	Treasurer Name		
Dine -	so who	We	Same	as above	ح
Street Address			Street Address	_	-
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	I SSES OF THE DIRE	CTORS: ("X" BOX FOI	R ATTACHMENT) FILL II	N SPACES BEFORE USING	ATTACHMENTS
Director Name		·	Director Name		
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Director Name		J	Director Name		
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15,000 COMM NO PAI	R VALUE		100	Connon	none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	- + 4 5 5 2 2 +	Under penalty of perjury, I declare and affi including any accompanying schedules and
File Date	124/04	contained herein are true and journect.
Check No.	534	Signature of Officer Robert L
By:	CRETARY OF STATE USE ONLY	Print or Type Name of Officer
TOR SE	CKEINK! OF BIAIL OIL ONG!	Title of Officet



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

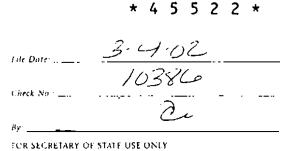
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

iling Period: January 1 FORM MUST BE TYPED IN	I BLACK)				
I. Corporate ID No.	2. Name of Corp				
45522	R.B. DONL	JIS, INC.			
3. Street Address Principal Bu		·	City	State	Zip
2 TAUNTON STREET	·		PLAINVILLE	MA	02762
1. Business Phone No.		5. State of Incorporati			6. SIC Code
508-695-3666		MASSACHUSE	-115		612
Brief Description of the Chi PRANCHISE COFFEE A	AND DONUTS SHO)PS			
8. NAMES AND ADDRE President Name ROBERT BOWEN	SSES OF THE OF	FFICERS ("X" BOX FOR A	ITTACHMENT) FILL IN S Vice President Name SAME AS ABOVE	PACES BEFORE USING AT	TACHMENTS
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2 TAUNTON STREET			•		
Ciry	State	Žip	Ciry	State	Zip
PLAINVILLE	MA	02762	•		
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Street Address			'Sircei Address		
ger with a support field.			•		
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be sig	zned in ink by ei	ther the President, Vice	President. Secretary, As.	sistant Secretary, Treas	surer, Kecesver or Trus
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4 5) <i>(</i>			perjury, i declare and attitute in the secompanying school in the second sc	
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File Date 0	124103		i 1	W].//
I'm Duig	12.06	-	Signature of Officer	·	Date
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Ç.1.017.0 <u>.</u>	(2)	, 	Print or Type Name		
87:	XVIV				
!			** PRESIDE	N I	
FOR SECRETARY OF STA	ATE USE ONLY		Title of Officer	·	Form 630 I

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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Corporate ID No	2. Name of Corpora			•	
45522 Street Address Principal Bu	R.B. Donuts	i, inc.	£1.40	State	Zip
•			Plainville	7/1/1	02762
usiness Phone No.	ton Street	5 State of Incorpora		אייי	6. SIG Code
ief Description of the Chi	3666 aructer of Business Conducted	· ·			612
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dent Name	·L 0		Vice President Name		
ROBE	TOOWEN		Ja Vhe	as abo	ve
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and Signatun



2. Name of Corporation

R.B. Donuts, Inc.

(FORM MUST BE TYPED IN BLACK)

45522

3. Street Address Principal Business Office

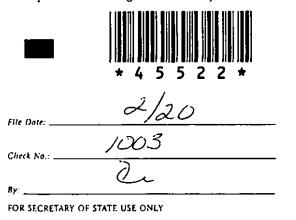
1. Corporate ID No.

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Plainville 2 Taunton 1. Business Plique No. (508) 1,45-3666 5. State of Incorporation MASSACHUSETTS 7. Hrief Description of the Character of Business Conducted in Rhode Island Donut Shop coffee trunchise 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Kobert 02763 ひみしんり 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Director Name Director Name Kobert Street Address Zip City State Director Name Street Address Street Address City State City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ESSUEED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 15,000 NO Pour COMMO COMMON

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 45522 R.B. Donuts, Inc. 3. Street Address Principal Business Office Phinvitle OD7160 5. State of Incorporation MASSACHUSETTS 7. Brief Description of the Character of Business Conducted in Rhode Island Franchise Coffee and Donut Shop FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Street Address ひし こと ひ SUTGO Street Address **C**DTRO 6211PO FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address City State Zip Director Name Director Name Street Address Street Address Zip City State Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Class/Series Number of Shares

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 4 5 5 2 2 *	Under penalty of perjury, I declare and affirm that I have examined
File Date:	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No.:	Signature of Officer Date
FOR SECRETARY OF STATE USE ONLY	President Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# Vorth Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION	ANNUAL REPORT	FOR THE	YEAR	<u> 1999</u>
Filling Period: January 1-March I •				

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No. 45522	2. Name of Corporal R.B. Donuts				
3. Street Address Principal Business	Office	•	City	State	Zip
2 Taunton Str	eet	,	Plainville	MA	02762 6. SIC Code
4. Business Phone No.		5. State of Incorporation MASSACHUSE	TTS		612
(508) 695-366 7. Brief Description of the Character					•
Franchise Cof					
8. NAMES AND ADDRES President Name			CHMENT) FILL IN SPACES B Vice President Name	EFORE USING ATTACH	IMENTS
Robert Bowen			Robert Bowen		
Street Address			Street Address		•
2 Taunton Str	reet		2 Taunton St	reet	
City	State	71p 02762	chy Plainville	State MA	^{zı} p 02762
Plainville	MA	02762		in to	02102
Secretary Name			Robert Bowen		
Robert Bowen	_		Street Address		
2 Taunton Str	reet		2 Taunton St	reet	
City	State	Zip	City	State	Žip
Plainville	MA	02762	Plainville	MA	02762
9. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	CHMENTS
Robert Bowen			Street Address		
2 Taunton Str	reet State	Zip	City	State	Zip
•	MA	02762	<b>4</b> /		-,
Plainville Director Name	nin.	02102	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	" BOX FOR ATTACHMENT	
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
15,000	Common	No Par	100	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 4 5 5 2 2 *
File Date:	1623,90
Check No.:	1275
Ву:	SO.
FOR SECRETARY	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, and
that divistatements)contilined herein are true and correct.
17/00-7/20/99/
Signature of Officer Date
Robert Bowen
Print or Type Name of Officer
President
Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

# P

401-277-3040

PROFIT COI	RPORATION ANNUAL ary 1-March 1 • Filing Fee: \$50	REPORT FOR	THE YEAR 19	98 STOP PLEAST READ INSTRUCTIONS
(FORM MUST BE TYPED IN				
1. Corporate ID No.	2. Name of Corporation		•	
45522	R.B. Donuts, Inc.			
3. Street Address Principal Bus	iness Office	City	State	Zip

Franklin MA 02038 365 WEst Central Street 6. SIC Code 5. State of incorporation 4. Business Phone No. 0612 MASSACHUSETTS (508) 528-1625 7. Brief Description of the Character of Business Conducted in Rhode Island Franchise Coffee and Donut Shop 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Robert Bowen Robert Bowen Street Address Street Address 365 West Central Street 365 West Central Street 2ip State 02038 MA MA 02038 Franklin Franklin Treasurer Name Secretary Name Robert Bowen Robert Bowen Street Address Street Address 365 West Central Street 365 West Central Street Zip State City State Zip City 02038 02038 Franklin MA Franklin 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Robert Bowen Street Address 365 West Central Street ZID State City Zip State City 02038 Franklin MA Director Name Director Name Street Address Street Address State Zio City Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT).

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

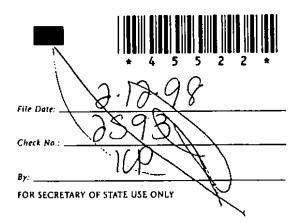
Par Value

No par

ISSUED SHARES

100

Number of Shares



Class/Series

Common

AUTHORIZED SHARES

15,000

Number of Shares

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.

Class/Series

Common

<u>Robert Bowen</u> Print or Type Name of Officer

President

Signature of Officer

Title of Officer





Par Value

None



Jumes R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401-277-3040

State

#### PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST RE TYPED IN BLACK)

1. Corporate ID No.

AUTHORIZED SHARES

15,000

Number of Shares

2. Name of Corporation

45522

R.B. Donuts, Inc.

3. Street Address Principal Business Office 02038 MA Franklin 365 West Central Street 6. SIC Code 5. State of incorporation 4. Business Phone No. **MASSACHUSETTS** 0612 (508) 528-1625 7. Brief Description of the Character of Business Conducted in Rhode Island Franchise coffee and donut shop 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Robert Bowen Robert Bowen Street Address Street Address 365 West Central Street 365 West Central Street 02038 MA 02038 Franklin MA Franklin Treasurer Name Secretary Name Robert Bowen Robert Bowen Street Address Street Address 365 West Central Street 365 West Central Street State Zip City State 02038 MA 02038 Franklin MA FRanklin 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Robert Bowen Street Address Street Address 365 West Central Street City State Zip State 02038 FRanklin Director Name Director Name Street Address Street Address State ZipCity Zip City State 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

City

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Par Value

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ESTANFO (TRUPP)

100

Number of Shares

Title of Officer

	* 4 5 5 2 2 *
File Date:	2/21/97
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Ву:	<u>CC</u>
FOR SECRETARY	OF STATE USE ONLY

Class/Series

Common

Under penalty of perjury, I declar and affirm that I have examined this report, including any accompanying schedules and statements, and that all suffernents contained begin hie true and correct. Signature of Ifficer Robert Bowen Print or Type Name of Officer President

Class/Series

Common

Par Value

None

## PROFIT CORPORATION ANNUAL REPORT

# 1996



State of Rhode Island and Providence Plantations James R. Langevin. Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

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ATE ID HO.	2. NAME OF CORPORATION	•			
45522	R.B. Donu		лу	STATE	ZIP CODE
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3105 West FRANKLIN TIORINAME RUBERT BI ET ADDRESS  TORINAME SET ADDRESS	OWEN  CENTRAL STATE  STATE	COLT COOP	FRANKIN S S E S O F T H E O I DORECTOR NAME  STREET ADDRESS  OTY  ORECTOR NAME  STREET ADDRESS  OTY	RECTORS  STATE	21P COOK
3105 West FRANKLIN TIORINAME RUBERT BI ET ADDRESS  TORINAME SET ADDRESS	OWEN  Central St.  STATE  10. SH	COLT WOUSE	FRANKIN S S E S O F T H E O I DORECTOR NAME  STREET ADDRESS  OTY  ORECTOR NAME  STREET ADDRESS  OTY	RECTORS  STATE	21P COOK
3105 West FRANKLIN CTORINAME BY CTORINAME SET ADDRESS	OWEN  CENTRAL STATE  MA  STATE  10. SH  AUTHORIZED SHARES	COLTONE WOODS	FRANKIN S S E S O F T H E O I DORECTOR NAME  STREET ADDRESS  OTY  ORECTOR NAME  STREET ADDRESS  OTY	RECTORS  STATE	21P COOK
3105 West FRANKLIN TIORINAME RUBERT BI ET ADDRESS  TORINAME SET ADDRESS	OWEN  Central St  STATE  10. SH  AUTHORIZED SHARES  CLASS/SERES	DE CODE  DE CODE	S E S O F T H E D I  DORECTOR NAME  STREET ADDRESS  CITY  DERECTOR NAME  STREET ADDRESS  CITY  Z E D A N D I S S U E I  NAMER OF SHARES	STATE  STATE  STATE  STATE  CASS/SEWES	72P CODE
3105 West FRANKLIN CTORINAME RUBERT BO ET ADDRESS  MINDER OF SHARES	OWEN  CENTRAL STATE  MA  STATE  10. SH  AUTHORIZED SHARES	COLTONE WOODS	S E S O F T H E O I  DORECTOR NAME  STREET ADDRESS  CITY  DERECTOR NAME  STREET ADDRESS  CITY  Z E D A H D I S S U E I	STATE	ZIP COO€
3105 West FRANKLIN CTORINAME BY CTORINAME SET ADDRESS	OWEN  Central St  STATE  10. SH  AUTHORIZED SHARES  CLASS/SERES	DE CODE  DE CODE	S E S O F T H E D I  DORECTOR NAME  STREET ADDRESS  CITY  DERECTOR NAME  STREET ADDRESS  CITY  Z E D A N D I S S U E I  NAMER OF SHARES	STATE  STATE  STATE  STATE  CASS/SEWES	72P CODE
3105 West FRANKLIN CTORINAME RUBERT BO ET ADDRESS  MINDER OF SHARES	OWEN  Central St  STATE  10. SH  AUTHORIZED SHARES  CLASS/SERES	DE CODE  DE CODE	S E S O F T H E D I  DORECTOR NAME  STREET ADDRESS  CITY  DERECTOR NAME  STREET ADDRESS  CITY  Z E D A N D I S S U E I  NAMER OF SHARES	STATE  STATE  STATE  STATE  CASS/SEWES	72P CODE

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: Check No: 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.

Signature

Print or Type Name of Officer

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

My 5.23

#### ANNUAL REPORT

Please Type or Print File Annually Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

#### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:O	04552 <u>2</u> 			Annua	I Report for the	year:	
Name of Corporation:	R.B. Don	uls, i	Erkt.				
Business entity organized under the laws of the State ofMASS				usiness Entity is (			
For foreign entity, address	s and telephone number of pr	incipal offic	e:	[ ]		poration (See RIGL Chapter 7-1.1)	
365 WEST CE	NTRAL STREET			- I	Professional 3	Service Corporation (See RIGL Ch	apter 7-5.1)
FRANKLIN, Phone: (508) 528	MA020.38 -1625			. В		the character of business conducted ISE_COFFEE & DONUT	
Address and telephone of	the principal office of busine	ss entity in	Rhode	- <del>-</del>			
Island (Provide street add	ress - Not P.O. Box):						
				-			
Phone: ()		<u> </u>					
Prione: \				_			
PRESIDENT		THE N		F THE OF	FICERS ARE	: City/State	ZJP CODE
ROBERT BOWEN	ī	365			L STREET	FRANKLIN/MASS	02038
VICE PRESIDENT	**************************************	300	STREE	ET ADDRESS		CITY/STATE.	ZP CODE
ROBERT BOWEN		365			L STREET	FRANKLIN/MASS	02038
	7	205		ET ADDRESS	T CONDERM	CITY/STATE	ZP CODE
_ROBERT BOWEN		305_		CENTRA Et address	L STREET	FRANKLIN/MASS CITY/STATE	02038 ZIP CODE
ROBERT BOWEN	<u> </u>	365	WEST	CENTRA	L STREET	FRANKLIN/MASS	02038
NAME*		THE NA		THE DIR	ECTORS ARI		
ROBERT BOWEN	1	365			L STREET	CHYSTATE FRANKLIN/MASS	27 CODE 02038
NAME.	<u>'</u>			ET ADDRESS	<u> </u>	CITYSTATE	ZIP CODE
	- w.c.						
NAME		7.26	STRFI	ET ADDRESS		CITY/STATE .	ZIP CODE
NUMBER OF SHARES A		ाtached)	2 130,2	NUM	BER OF SHARES	ISSUED AND OUTSTANDING (Rid	ler may be attached)
Number of Shares	Class / Series	·Wa	75	Num	per of Shares	Class / Series	
15,000	COMMON	جرد ر	!	10	0	COMMON	
		<del>.</del>			1		
Date (123)	25		By:_	RO	BERT BOWN	EN	
Form 31 1/95			TITLE	PR FOR OFFICER SIG	~~~~~~~	<del></del>	
	DESIGNATE	D REGIS	STERED	ACENT F	OR SERVICE	OF PROCESS:	

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Fiting Fee \$50.00 Payable to:		E TYPE or PRINT Ch # 193 More File Annually  d and Providence Plantations # CORP. Jan 1 - March 1
Secretary of State	Office of Th	e Secretary of State
	100 No	orth Main Street
		node Island 02903-1335 11-277-3040
Corporate ID:	<u> </u>	Annual Report for the year:1994
Name of Business Entity:		R B. Donuts, Inc.
Business entity organized under the lay	as of the State of: Mass	Business Entity is (check one).
Federal Taxpayer Identification Number		[ X] Business Corporation (See RIGL Chapter 7-1.1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
For foreign entity, address and telepho	• • • • •	[ ] Lamited Liability Company (See RIGL 7-16)
365 West Central		Name, title and mailing address of contact person to whom
_ Franklin, MA 02	038	communications may be directed:  - Robert Bowen, President
	<del></del>	365 West Central Street
Phone: (508) 528-1625		Franklin, MA 02038
Address and telephone of the principal		
Island (Provide street address - Not P C	J. Box).	Brief statement of the character of business conducted in Rhode Island:  Franchise coffee & donut shop
<del></del>		Tranchise correct a donat shop
<del></del>		Date of Organization 3/1/87
Phone: ( )		Date of Qualification to do bysiness in Rhost (if foreign entry):
		- !/2/23/0/ <i>kW</i> /
	THE NAMES O	OF THE OFFICERS ARE:
Robert Bowen  Coher Greathsdooriger on Winds		
Robert Bowen	406 Franklin Cr	
Robert Bowen	406 <u>Franklin Cr</u>	OSSING Rd Franklin MA 02038
Robert Bowen	406 Franklin Cr	ossing Rd Franklin, MA 02038
NAME.	THE NAMES O	F THE DIRECTORS ARE: CITYSTATE VIZ CODE
Robert Bowen	406 Franklin Cr	OSSING Rd Franklin, MA 02038  DETADORESS CONSTATE ZERCODE
Same	STR	PET ADDRESS CITABLEE ZIP CORE
AHARDO OF CHARLE ALTUODI	TED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER OF SHARES AUTHORI	<del></del> .:`· <del></del> _	NUMBER
	15,000	100
CLASS	Common Stock	SERIES Common Stock
SERIES		
PAR VALUE OR WITHOUT PAR	None	PAR VALUE OR WITHOUT PAR No par
Date / 4- 5		ZRH R
	n	Robert Bowen
		President
		LE OF OFFICER SIGNISG /

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent. Form 9 or Form LLC 3 must be filled.

FILED

APR 0 7 1994 P. MESI ___

January 1st and March 1st

# State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

oorate ID	PROVIDENCE, KHODE	Annual Report for the year	1993
FIRST: The name of the corpora	ttion is	R.B. Donuts, Inc	
SECOND: It is incorporated und THIRD: Character of business, l	briefly stated, is		t shop
		ipal office 365 West Centra Franklin, MA C	
FIFTH: Business address in Rh	ode Island		
SIXTH: Names and addresses Name Robert Bowen	of its directors and of	Micers:  Address (including number, street, N. 857 Lindsey Street, N.	(Attach rider if necessary et zip code) Attleboro, MA
	Director  Director	857 Lindsey Street, N	.Attleboro, MA
Robert Bowen Robert Bowen	President Vice Presiden	nt 857 Lindsey Street, N 857 Lindsey Street, N	.Attleboro, MA
Robert Bowen	Secretary Treasurer	857 Lindsey Street, N	.Attleboro, M
SEVENTH: Number of Share		Series	Par Value or statement that shares are without par value
No. of Shares 15,000	Common	, 110	No par
EIGHTH: Number of Share	es issued:	MAR 0 2 1993 SECY OF STATE	or statement that shares are without par value
No. of Shares	Common	R.B. Donuts, Inc.	No par
Dated.v		(Name of Corporation)  By	<u> </u>

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate 1D	AL STATE	Annual Report for th	e year 1552
FIRST: The name of the	e corporation is		
Second: It is incorpora		Massachusetts	
		Franchise coffe and	donut shop
		orincipal office 365 West Cer	ntral Street,
	······	Franklin, M	1
	in Rhode Island		
Sixth: Names and addr	esses of its directors and	i officers: Address (including nu	(Attach rider if necessary)
Robert Bowen	Director	857 Lindsey Street,	N.Attleboro Ma
	Director		
	Director		
Robert Bowen		857 Lindsey Street,	N.Attleboro, MA
Robert Bowen	Vice Preside	ent 857 Lindsey Street,	N.Attleboro. MA
Robert Bowen	Secretary	857 Lindscy Street,	
Robert Bowen	Treasurer	C57 Lindsey Street,	
	ares authorized: Oct	トルコハフ	
No. of Shares 15,000	Class Common	Series	Par Value or statement that shares are without par value
		PAID	No par
France M. J. ca.		MAR 2 4 1992	
EIGHTH: Number of Shar	ces issued:  Class Common	SEC'Y OF STATE Series	Par Value or statement that shares are without par value
/			No par
Dated / J/	1952	R.B. ponuts, Inc.	
	By	same of Corputation	
(Report must be signed by	y an officer) Ti	de President	

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

porate ID0045522	***************************************	Annual Report for the	e year1991	********
FIRST: The name of the corporation	isR.B	Donute Inc	······································	•••••••••••••••••••••••••••••••••••••••
SECOND: It is incorporated under th	e laws of Massach	ısetts	•••••••••••••••••••••••••••••••••••••••	••••••
THIRD: Character of business, briefly	y stated, is Franc	chise coffee and d	onut shop	······································
FOURTH: If foreign corporation, add	tress of its principal of	office 365 West Ce	ntral Street,	Franklin,
FIFTH: Business address in Rhode Isl	land			
SIXTH: Names and addresses of its d	irectors and officers:	Address (including nu		r if necessary)
Robert Bowen	Director 8	7 Lindsey Street,		, MA
I	Director		•	***************************************
I			······································	••••••••••
Robert Bowen	0	7 Lindsey Street,		
Robert Bowen	01	7 Lindsey Street,	N. Attleboro	, MA
Robert Bowen		7 Lindsey Street,	N. Attleboro	, MA
Pohort Pour	-	7 Lindsey Street,	N. Attleboro	, MA
SEVENTH: Number of Shares authorize		···	Par Value or statement th	191
No of Shares 15,000 Class	Common	Sensit (1)	shares are with par value	
	-	3-6 1991	No par	
EIGHTH: Number of Shares issued:	, ,:	TY OF STATE	Par Value or statement th	a.
No. of Shares 100 Class	Common	บ Series	shares are with	
			No pai	:

(Name of Corporat

#### CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Coffer & Danit Shop ice 365 Wast ( Franklin mA  Address (including number.	Cantral St  (Attach rider if necessary)
Coffer Donal Shop  ice 365 Wast ( Franklin MA	Cantral St  (Attach rider if necessary)
Franklin MA  Address (including number, s	(Attach rider if necessary)
Address (including number, s	(Attach rider if necessary)
57 Lindson St	
	N. Attlchoro MA
Senes	Par Value or statement that shares are without par value  \[ \mathcal{O} \] \[ \mathcal{P}^{A} \sqrt{2} \]
·	Par Value or statement that shares are without par value NO PAN
Donts Inc	
	Senes  PAID  Renes 1990

Form 31 1/85

e/

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	PROVIDENCE, RI	HODE ISLAND 02903	CAGC LOCK
Corporate ID 0045522		Annual Report for the year	1 MOI 148-1
FIRST: The name of the corpora	ation is	R.B. Donuts, Inc.	
		Massachusalts	
THIRD: Character of business, b	oriefly stated, is	Franchising Coffee as	y don't Shaps
FOURTH: If foreign corporation	, address of its p	rincipal office 365 Wast	Contact St
FIFTH: Business address in Rho	de Island		
SIXTH: Names and addresses o	f its directors and	d officers: Address (including numbe	(Attach rider if necessary)
Robert Bowen	Director	857 Lindsey St N.	AHIEDOR MA 02703
	Director		
	Director		
Robert Bowen		as about	
Robert Bowen	Vice Presid	lent as above	
Robert Bowen	Secretary	as above	
Robert Bons	Treasurer	as alose	
Seventh: Number of Shares a	uthorized:		Par Value or statement that
No. of Shares 12500	Class Cummun	Series NO PAZ	shares are without par value
Еіднтн: Number of Shares iss	ued:		Par Value or statement that
No. of Shares 100	Class Cummen	Series ND PA/2	shares are without par value
Dated .	19	R. B. Donuts, Inc. (Name of Corporation)  By	- Robert P. Bu
(Report must be signed by an	officer)	Title	1 ( URCS:

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0045522		Annual Report for the y	ear
FIRST: The name of the corpora	ition isR.	8. Donuts, Inc.	
		Massachusalts	
THIRD: Character of business, b	oriefly stated, isFca	nchising Coffee C	ind donut Shaps
FOURTH: If foreign corporation		il office 365 Wast Franklin n	
FIFTH: Business address in Rho	de Island		
SIXTH: Names and addresses of	f its directors and office	PTS: Address (including num	(Attach rider if necessary) ber, street, zip code)
Robert Bowen	Director &	57 Lindsoy St N	. Atticher MA 02703
	Director		
	Director		
Robert Bowen	President	s about	
Robert Bourn	Vice President	ده مهمید	
Robert Bowen	Secretary .O	s alone	
Robert Bowen	Treasurer	is above	
SEVENTH: Number of Shares a	uthorized:	C. circ	Par Value or statement that shares are without
No. of Shares 12500	ued: Commun APR 12 1989	Series No PAIX	par value
EIGHTH: Number of Shares iss	ued: \$1989		Par Value or statement that
No. of Shares 100	Class Commun	Series NO PAR	shares are without par value
Dated 3	19 (Name) By	R. B. Donnts Inc	Robert P. BOWEN
(Report must be signed by an o	officer) Title.	/ 1 1/1/100	>>