



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  
401.272.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 110727		2 Exact name of the limited liability company EDC Holdings, LLC			
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island OPERATE AND MANAGE A FRANCHISE OF HONEY DEW DONUTS			
5 Principal office address 1085 WATERMAN AVENUE		City EAST PROVIDENCE	State RI	Zip 02914-	
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ED DACRUZ		Contact Title			
Street Address 15 SYLVIA LANE		City LINCOLN	State RI	Zip 02865-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Ed DACRUZ		Manager Name N/A			
Street Address 15 SYLVIA LANE		Street Address			
City LINCOLN	State RI	Zip 02865	City	State	Zip
Manager Name N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642-R.I.G.L. 7-16-11					
Agent Name DAVID N. BAZAR, ESQ.		Address 35 HIGHLAND AVENUE			
Address		City EAST PROVIDENCE		Zip 02914-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 0 7 2 7

*110727 DLLC 10/05/05 09:45:03 AM*	
File Date	10/13/05
Check No	36104
By	CXC
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 all statements contained herein are true and correct.

Signature of Authorized Person  
Date 10/10/05  
ED DACRUZ  
Print or Type Name of Authorized Person



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 110727		2. Exact name of the limited liability company EDC Holdings, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE AND MANAGE A FRANCHISE OF HONEY DEW DONUTS	
5. Principal office address 1085 WATERMAN AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ED DACRUZ		Contact Title	
Street Address 15 SYLVIA LANE		City LINCOLN	State RI
		Zip 02865-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name ED DACRUZ		Manager Name TED M. DACRUZ	
Street Address 15 SYLVIA LANE		Street Address 15 SYLVIA LANE	
City LINCOLN	State R.I.	City LINCOLN	State R.I.
Zip 02865		Zip 02865	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID N. BAZAR		Address 1481 WAMPANOAG TRAIL	
Address		City EAST PROVIDENCE	Zip 02915-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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*110727 DLLC 09/09/04 12:32:20 PM*	
File Date	11/9/04
Check No	2931
By	ED DACRUZ
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 all statements contained herein are true and correct.

Signature of Authorized Person: ED DACRUZ Date: 7/12/04  
Print or Type Name of Authorized Person: ED DACRUZ



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 3640

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 110727		2. Exact name of the limited liability company EDC Holdings, LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATE AND MANAGE A FRANCHISE OF HONEY DEW DONUTS		
5. Principal office address 1085 WATERMAN AVENUE		City EAST PROVIDENCE	State RI	Zip 02914-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name ED DACRUZ				
Contact Title				
Street Address 15 SYLVIA LANE				
City LINCOLN				
State RI				
Zip 02865-				
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52				
Manager Name ED DACRUZ				
Street Address 15 SYLVIA LANE				
City LINCOLN	State RI	Zip 02865	City	State
Manager Name	Manager Name			
Street Address				
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name DAVID N. BAZAR				
Address 1481 WAMPANAG TRAIL				
City EAST PROVIDENCE				
Zip 02915				

This report must be signed in ink by an authorized person pursuant to 7-16-66



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*110727 DLLC 09/11/03 03 21:47 PM*	
File Date	9-23-03
Check No	2230
By	ED
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 all statements contained herein are true and correct.

Signature of Authorized Person  
ED DACRUZ  
Date  
9/20/03  
Print or type name of Authorized Person



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1135  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No *110727*		2 Exact name of the limited liability company EDC Holdings, LLC	
3 State of Formation RHODE ISLAND		4 Brief description of the character of the business which is actually conducted in Rhode Island OPERATE AND MANAGE A FRANCHISE OF HONEY DEW DONUTS	
5 Principal office address 1085 WATERMAN AVENUE		City EAST PROVIDENCE	State RI
			Zip 02914-
6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name ED DACRUZ		Contact Title	
Street Address 15 SYLVIA LANE		City LINCOLN	State RI
			Zip 02865-
7 NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name ED DACRUZ		Manager Name	
Street Address 15 Sylvia Lane		Street Address	
City Lincoln	State RI	Zip 02865	City State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City State Zip	City State Zip		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name DAVID N. BAZAR		Address 1481 WAMPANOAG TRAIL	
Address		City EAST PROVIDENCE	Zip 02915-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



• 1 1 0 7 2 7 •

**110727* 9/17/02 11:52:09 AM*	
File Date	9-23-02
Check No	1493
By	ED DACRUZ
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 all statements contained herein are true and correct.

Signature of Authorized Person: ED DACRUZ Date: 9/19/02  
Print or Type Name of Authorized Person

Form 632 Rev 6/02

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 110727

Annual Report for the year 2001

1. The name of the limited liability company is:

EDC Holdings, LLC

2. The address of the principal office of the limited liability company is:

15 Sylvia Lane, Lincoln, RI 02865

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: DAVID N. BAZAR

1481 WAMPANOAG TRAIL EAST PROVIDENCE RI 02915-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 15 Sylvia Lane, Lincoln, RI 02865

Ed DaCruz

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state operate and manage a franchise of Honey Dew Donuts

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Ed DaCruz

15 Sylvia Lane, Lincoln, RI 02865

Dated 9/3/01



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.

EDC Holdings, LLC.

Exact Name of Limited Liability Company

By Ed DaCruz

Manager

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-10-01</u>
Check No.:	<u>675</u>
By:	<u>Ed</u>

Form No. 632  
Revised 01/99

DETACH BOTTOM BEFORE RETURNING