



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2020**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED  
STAMP

JAN 23 2020

BY

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1. Entity ID Number 62668		2. Exact name of the Corporation WOONSOCKET DONUTS, INC.			
3. Principal Office Address 308 Cumberland Street			City Woonsocket	State RI	Zip 02895-0000
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Abilio Raposo			Vice-President Name Joseph Lima		
Street Address 52 Rosewood Lane			Street Address 309 Little Pond County Road		
City N.Attleboro	State MA	Zip 02763-	City Cumberland	State RI	Zip 02864-
Secretary Name Joseph Lima			Treasurer Name Abilio Raposo		
Street Address 309 Little Pond County Road			Street Address 52 Rosewood Lane		
City Cumberland	State RI	Zip 02864-	City N.Attleboro	State MA	Zip 02763-
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Abilio Raposo			Director Name Joseph Lima		
Street Address 52 Rosewood Lane			Street Address 309 Little Pond County Road		
City N.Attleboro	State MA	Zip 02763-	City Cumberland	State RI	Zip 02864-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			200	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. <b>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.</b>			Name of Authorized Representative Abilio Raposo President		
			Date 1/06/2020		
Signature of Authorized Representative			SIGN DOCUMENT HERE		

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov