



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

FEB 03 2020 DL

008287

1. Entity ID Number 34903		2. Exact name of the Corporation COWESETT DONUTS, INC.			
3. Principal Office Address 275 Cowesett Road		City West Warwick		State RI	Zip 02893-0000
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 Debra L. Henderson			Vice-President Name John P. Henderson, Jr.		
Street Address P.O. Box 1479			Street Address 25 Green Hill Way		
City Coventry	State RI	Zip 02816-	City East Greenwich	State RI	Zip 02818-
Secretary Name John P. Henderson, Jr.			Treasurer Name Debra L. Henderson		
Street Address 25 Green Hill Way			Street Address P.O. Box 1479		
City East Greenwich	State RI	Zip 02818-	City Coventry	State RI	Zip 02816-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Debra L. Henderson			Director Name John P. Henderson, Jr.		
Street Address P.O. Box 1479			Street Address 25 Green Hill Way		
City Coventry	State RI	Zip 02816-	City East Greenwich	State RI	Zip 02818-
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 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 Debra L. Henderson President				Date 1/06/2020	
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