



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

FILED TAMP

FEB 20 2020

1076

- 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 99677		2. Exact name of the Corporation A.M.A. DONUTS, INC.			
3. Principal Office Address 3348 Pawtucket Avenue		City East Providence		State RI	Zip 02915-0000
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 Antonio A. Arruda			Vice-President Name Aida B. Arruda		
Street Address 21 Jane Howland Place			Street Address 21 Jane Howland Place		
City Seekonk	State MA	Zip 02771-	City Seekonk	State MA	Zip 02771-
Secretary Name Christopher Arruda			Treasurer Name Antonio A. Arruda		
Street Address 291 Miller Street			Street Address 21 Jane Howland Place		
City Seekonk	State MA	Zip 02771-	City Seekonk	State MA	Zip 02771-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Antonio A. Arruda			Director Name none		
Street Address 21 Jane Howland Place			Street Address none		
City Seekonk	State MA	Zip 02771-	City none	State none	Zip none
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	PAR VALUE
		33.33		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 Antonio A. Arruda President				Date 1/06/2020	
Signature of Authorized Representative <i>Antonio A. Arruda</i>				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