



2005

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 74459		2. Name of Corporation LEITE DONUTS, INC.		
3. Street Address Principal Business Office 78 West Main Road		City Middletown	State RI	Zip 02840-0000
4. Business Phone No. (401) 847-0542		5. State of Incorporation RI		6. SIC Code 612

7. Brief Description of the Character of Business Conducted in Rhode Island  
to operate a donut franchise

**B. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Valdemar Leite			Vice President Name Valdemar Leite		
Street Address 86 West Main Road			Street Address 86 West Main Road		
City Middletown	State RI	Zip 02842-	City Middletown	State RI	Zip 02842-
Secretary Name Valdemar Leite			Treasurer Name Valdemar Leite		
Street Address 86 West Main Road			Street Address 86 West Main Road		
City Middletown	State RI	Zip 02842-	City Middletown	State RI	Zip 02842-

**9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Valdemar Leite			Director Name none		
Street Address 86 West Main Road			Street Address none		
City Middletown	State RI	Zip 02842-	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

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	100	Common	No Par

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

File Date: 2-7-05  
Check No.: 02449  
By: [Signature]

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 Officer: [Signature] Date: 1/03/05

Valdemar Leite

Print or Type Name of Officer  
President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>74459</b>		2. Name of Corporation <b>LEITE DONUTS, INC.</b>	
3. Street Address Principal Business Office <b>78 West Main Road</b>		City <b>Middletown</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 847-0542</b>		5. State of Incorporation <b>RI</b>	Zip <b>02840-0000</b>
6. SIC Code <b>612</b>		7. Brief Description of the Character of Business Conducted in Rhode Island <b>to operate a donut franchise</b>	

8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <b>Valdemar Leite</b>			Vice President Name <b>Valdemar Leite</b>		
Street Address <b>86 West Main Road</b>			Street Address <b>86 West Main Road</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>
Secretary Name <b>Valdemar Leite</b>			Treasurer Name <b>Valdemar Leite</b>		
Street Address <b>86 West Main Road</b>			Street Address <b>86 West Main Road</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT ( ) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <b>Valdemar Leite</b>			Director Name <b>none</b>		
Street Address <b>86 West Main Road</b>			Street Address <b>none</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>

10. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT ( )

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares <b>600</b>	<b>Common</b>	<b>No Par</b>

11. SHARES ISSUED (X) BOX FOR ATTACHMENT ( )

ISSUED SHARES	Class/Series	Par Value
Number of Shares <b>100</b>	<b>Common</b>	<b>No Par</b>

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

File Date: 1/14/04

Check No.: 01698

By: [Signature]

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 Officer: [Signature] Date: 1/05/04

Print or Type Name of Officer: **Valdemar Leite**

Title of Officer: **President**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2003

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **74459** 2. Name of Corporation **LEITE DONUTS, INC.**

3. Street Address Principal Business Office **78 West Main Road** City **Middletown** State **RI** Zip **02840-0000**

4. Business Phone No. **(401) 847-0542** 5. State of Incorporation **RI** 6. SIC Code **612**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**to operate a donut franchise**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Valdemar Leite</b>			Vice President Name <b>Valdemar Leite</b>		
Street Address <b>86 West Main Road</b>			Street Address <b>86 West Main Road</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>
Secretary Name <b>Valdemar Leite</b>			Treasurer Name <b>Valdemar Leite</b>		
Street Address <b>86 West Main Road</b>			Street Address <b>86 West Main Road</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Valdemar Leite</b>			Director Name <b>none</b>		
Street Address <b>86 West Main Road</b>			Street Address <b>none</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>600</b>	<b>Common</b>	<b>No Par</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>100</b>	<b>Common</b>	<b>No Par</b>

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

File Date: 1-22-03

Check No.: 01024

By: IP

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.

Valdemar Leite 1/06/03  
Signature of Officer Date

**Valdemar Leite**  
Print or Type Name of Officer  
**President**

Title of Officer  
5



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **74459** 2. Name of Corporation **LEITE DONUTS, INC.**  
3. Street Address Principal Business Office **78 West Main Road** City **Middletown** State **RI** Zip **02840-0000**  
4. Business Phone No. **(401) 847-0542** 5. State of Incorporation **RI** 6. SIC Code **612**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**to operate a donut franchise**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Valdemar Leite</b>			Vice President Name <b>Valdemar Leite</b>		
Street Address <b>86 West Main Road</b>			Street Address <b>86 West Main Road</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>
Secretary Name <b>Valdemar Leite</b>			Treasurer Name <b>Valdemar Leite</b>		
Street Address <b>86 West Main Road</b>			Street Address <b>86 West Main Road</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Valdemar Leite</b>			Director Name <b>none</b>		
Street Address <b>86 West Main Road</b>			Street Address <b>none</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>600</b>	<b>Common</b>	<b>No Par</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

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

File Date: 2-12-02  
Check No.: 5385  
By: [Signature]

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 Officer: [Signature] Date: 1/7/02  
**Valdemar Leite**  
Print or Type Name of Officer  
**President**



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **74459**  
2. Name of Corporation **LEITE DONUTS, INC.**  
3. Street Address Principal Business Office  
**78 West Main Road**  
4. Business Phone No. **(401) 847-0542**  
5. State of Incorporation **RI**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**to operate a donut franchise**

City **Middletown** State **RI** Zip **02840-0000**  
6. SIC Code **612**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Valdemar Leite**  
Street Address **86 West Main Road**  
City **Middletown** State **RI** Zip **02842-**  
Secretary Name **Valdemar Leite**  
Street Address **86 West Main Road**  
City **Middletown** State **RI** Zip **02842-**

Vice President Name **Valdemar Leite**  
Street Address **86 West Main Road**  
City **Middletown** State **RI** Zip **02842-**  
Treasurer Name **Valdemar Leite**  
Street Address **86 West Main Road**  
City **Middletown** State **RI** Zip **02842-**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Valdemar Leite**  
Street Address **86 West Main Road**  
City **Middletown** State **RI** Zip **02842-**  
Director Name **none**  
Street Address **none**  
City **none** State **none** Zip **none**

Director Name **none**  
Street Address **none**  
City **none** State **none** Zip **none**  
Director Name **none**  
Street Address **none**  
City **none** State **none** Zip **none**

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
600	Common	No Par

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par

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

File Date: 2/22  
Check No.: 4615  
By: [Signature]

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 Officer: [Signature] Date: 1/2/01  
Print or Type Name of Officer: Valdemar Leite  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>74459</b>		2. Name of Corporation <b>LEITE DONUTS, INC.</b>	
3. Street Address Principal Business Office <b>78 West Main Road</b>		City <b>Middletown</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 847-0542</b>		5. State of Incorporation <b>RI</b>	6. SIC Code <b>612</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>to operate a donut franchise</b>			

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Valdemar Leite</b>			Vice President Name <b>Valdemar Leite</b>		
Street Address <b>86 West Main Road</b>			Street Address <b>86 West Main Road</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>
Secretary Name <b>Valdemar Leite</b>			Treasurer Name <b>Valdemar Leite</b>		
Street Address <b>86 West Main Road</b>			Street Address <b>86 West Main Road</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Valdemar Leite</b>			Director Name <b>none</b>		
Street Address <b>86 West Main Road</b>			Street Address <b>none</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

Number of Shares	Class/Series	Par Value
600	Common	No Par

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

Number of Shares	Class/Series	Par Value
100	Common	No Par

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

**FILED**

File Date: FEB 15 2000

Check No.: By CC04021

By: \_\_\_\_\_

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.

*Valdemar Leite* Signature of Officer 1/3/00  
Date

**Valdemar Leite** Print or Type Name of Officer

**President** Title of Officer

\_\_\_\_\_  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **74459** 2. Name of Corporation **LEITE DONUTS, INC.**  
3. Street Address Principal Business Office **78 West Main Road** City **Middletown** State **RI** Zip **02840-0000**  
4. Business Phone No. **(401) 847-0542** 5. State of Incorporation **RI** 6. SIC Code **612**  
7. Brief Description of the Character of Business Conducted in Rhode Island **to operate a donut franchise**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Valdemar Leite</b>	Vice President Name <b>Valdemar Leite</b>
Street Address <b>86 West Main Road</b>	Street Address <b>86 West Main Road</b>
City <b>Middletown</b> State <b>RI</b> Zip <b>02842-</b>	City <b>Middletown</b> State <b>RI</b> Zip <b>02842-</b>
Secretary Name <b>Valdemar Leite</b>	Treasurer Name <b>Valdemar Leite</b>
Street Address <b>86 West Main Road</b>	Street Address <b>86 West Main Road</b>
City <b>Middletown</b> State <b>RI</b> Zip <b>02842-</b>	City <b>Middletown</b> State <b>RI</b> Zip <b>02842-</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>Valdemar Leite</b>	Director Name <b>none</b>
Street Address <b>86 West Main Road</b>	Street Address <b>none</b>
City <b>Middletown</b> State <b>RI</b> Zip <b>02842-</b>	City <b>none</b> State <b>none</b> Zip <b>none</b>
Director Name <b>none</b>	Director Name <b>none</b>
Street Address <b>none</b>	Street Address <b>none</b>
City <b>none</b> State <b>none</b> Zip <b>none</b>	City <b>none</b> State <b>none</b> Zip <b>none</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>600</b>	<b>Common</b>	<b>No Par</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

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

File Date: Jan 19, 99  
Check No.: 003440  
By: [Signature]  
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 Officer: [Signature] Date: 1/4/99  
**Valdemar Leite**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **74459** 2. Name of Corporation **LEITE DONUTS, INC.**

3. Street Address Principal Business Office **78 West Main Road** City **Middletown** State **RI** Zip **02840-0000**

4. Business Phone No. **(401) 847-0542** 5. State of Incorporation **RI** 6. SIC Code **612**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**to operate a donut franchise**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Valdemar Leite</b>	Vice President Name <b>Valdemar Leite</b>
Street Address <b>86 West Main Road</b>	Street Address <b>86 West Main Road</b>
City <b>Middletown</b> State <b>RI</b> Zip <b>02842-</b>	City <b>Middletown</b> State <b>RI</b> Zip <b>02842-</b>
Secretary Name <b>Valdemar Leite</b>	Treasurer Name <b>Valdemar Leite</b>
Street Address <b>86 West Main Road</b>	Street Address <b>86 West Main Road</b>
City <b>Middletown</b> State <b>RI</b> Zip <b>02842-</b>	City <b>Middletown</b> State <b>RI</b> Zip <b>02842-</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>Valdemar Leite</b>	Director Name <b>none</b>
Street Address <b>86 West Main Road</b>	Street Address <b>none</b>
City <b>Middletown</b> State <b>RI</b> Zip <b>02842-</b>	City <b>none</b> State <b>none</b> Zip <b>none</b>
Director Name <b>none</b>	Director Name <b>none</b>
Street Address <b>none</b>	Street Address <b>none</b>
City <b>none</b> State <b>none</b> Zip <b>none</b>	City <b>none</b> State <b>none</b> Zip <b>none</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>600</b>	<b>Common</b>	<b>No Par</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>100</b>	<b>Common</b>	<b>No Par</b>

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

File Date: 1-21-98

Check No.: 2932

By: VP

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 Officer: Valdemar Leite Date: 1/5/98

Print or Type Name of Officer: **Valdemar Leite**

Title of Officer: **President**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **74459** 2. Name of Corporation **LEITE DONUTS, INC.**  
3. Street Address Principal Business Office **78 West Main Road** City **Middletown** State **RI** Zip **02840-0000**  
4. Business Phone No. **(401) 847-0542** 5. State of Incorporation **RI** 6. SIC Code **612**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**to operate a donut franchise**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

<b>President Name</b> <b>Valdemar Leite</b>			<b>Vice President Name</b> <b>Valdemar Leite</b>		
<b>Street Address</b> <b>86 West Main Road</b>			<b>Street Address</b> <b>86 West Main Road</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Middletown</b>	<b>RI</b>	<b>02842-</b>	<b>Middletown</b>	<b>RI</b>	<b>02842-</b>
<b>Secretary Name</b> <b>Valdemar Leite</b>			<b>Treasurer Name</b> <b>Valdemar Leite</b>		
<b>Street Address</b> <b>86 West Main Road</b>			<b>Street Address</b> <b>86 West Main Road</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Middletown</b>	<b>RI</b>	<b>02842-</b>	<b>Middletown</b>	<b>RI</b>	<b>02842-</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

<b>Director Name</b> <b>Valdemar Leite</b>			<b>Director Name</b> <b>none</b>		
<b>Street Address</b> <b>86 West Main Road</b>			<b>Street Address</b> <b>none</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Middletown</b>	<b>RI</b>	<b>02842-</b>	<b>none</b>	<b>none</b>	<b>none</b>
<b>Director Name</b> <b>none</b>			<b>Director Name</b> <b>none</b>		
<b>Street Address</b> <b>none</b>			<b>Street Address</b> <b>none</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>none</b>	<b>none</b>	<b>none</b>	<b>none</b>	<b>none</b>	<b>none</b>

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600</b>	<b>Common</b>	<b>No Par</b>	<b>100</b>	<b>Common</b>	<b>No Par</b>

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

File Date: 2-25-97  
Check No.: 2484  
By: ILP / JEC  
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 Officer: Valdemar Leite Date: 1/6/97  
Print or Type Name of Officer: **Valdemar Leite**  
Title of Officer: **President**

# PROFIT CORPORATION ANNUAL REPORT

# 1996

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



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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. <b>74459</b>		2. NAME OF CORPORATION <b>LEITE DONUTS, INC.</b>	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b>78 West Main Road</b>		CITY <b>Middletown</b>	STATE <b>RI</b>
		ZIP CODE <b>02840-</b>	
4. BUSINESS PHONE NO. <b>(401) 847-0542</b>	5. STATE OF INCORPORATION <b>RI</b>		6. SIC CODE <b>612</b>
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <b>to operate a donut franchise</b>			

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME <b>Valdemar Leite</b>			VICE PRESIDENT NAME <b>Valdemar Leite</b>		
STREET ADDRESS <b>86 West Main Rd</b>			STREET ADDRESS <b>"Same"</b>		
CITY <b>Middletown</b>	STATE <b>RI</b>	ZIP CODE <b>02842</b>	CITY	STATE	ZIP CODE
SECRETARY NAME <b>Valdemar Leite</b>			TREASURER NAME <b>Valdemar Leite</b>		
STREET ADDRESS <b>"Same"</b>			STREET ADDRESS <b>"Same"</b>		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME <b>Valdemar Leite</b>			DIRECTOR NAME <b>none</b>		
STREET ADDRESS <b>"Same"</b>			STREET ADDRESS <b>none</b>		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
			<b>none</b>	<b>none</b>	<b>none</b>
DIRECTOR NAME <b>none</b>			DIRECTOR NAME <b>none</b>		
STREET ADDRESS <b>none</b>			STREET ADDRESS <b>none</b>		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
<b>none</b>	<b>none</b>	<b>none</b>	<b>none</b>	<b>none</b>	<b>none</b>

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600	Common	No Par	100	Common	No Par

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.

*Valdemar M. Leite*  
Signature of Officer

**Valdemar Leite**

Print or Type Name of Officer

**President**

Title of Officer

1/2/96

Date

File Date: **3/1/96**

Check No: **1966**

By: **LP**

For Secretary of State Use Only



**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: 74459 Annual Report for the year: 1995

Name of Corporation: LEITE DONUTS, INC.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

Brief statement of the character of business conducted in Rhode Island:  
to operate a donut franchise

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
78 West Main Road  
Middletown, RI 02840

Phone: (401) 841-5750

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Valdemar Leite	969 WEST MAIN RD, MIDDLETOWN RI	02842	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Valdemar Leite	969 WEST MAIN RD, MIDDLETOWN RI	02842	
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Valdemar Leite	969 WEST MAIN RD, MIDDLETOWN RI	02842	
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Valdemar Leite	969 WEST MAIN RD, MIDDLETOWN RI	02842	

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Valdemar Leite	969 WEST MAIN RD, MIDDLETOWN RI	02842	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
600	Common	100	Common

Date January 3, 19 95

By: Valdemar Leite  
 PRINT OR TYPE NAME OF OFFICER SIGNING President  
 TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

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

Valdemar M. Leite  
 78 West Main Road  
 Middletown, RI 02842

**FILED**

FEB 9 1995

By CA 001439

Filing Fee \$50.00

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

Corporate ID 74459

Annual Report for the year 1994

FIRST: The name of the corporation is  
LEITE DONUTS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is  
to operate a donut franchise

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island  
78 West Main Road, Middletown, RI 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Valdemar Leite	Director	1399 Phillips Rd, New Bedford, MA
	Director	
	Director	
Valdemar Leite	President	1399 Phillips Rd, New Bedford, MA
Valdemar Leite	Vice President	1399 Phillips Rd, New Bedford, MA
Valdemar Leite	Secretary	1399 Phillips Rd, New Bedford, MA
Valdemar Leite	Treasurer	1399 Phillips Rd, New Bedford, MA

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

RECEIVED  
FEB 1 1994  
REMIC 001074

Dated January 3, 19 94.

LEITE DONUTS, INC.  
(Name of Corporation)

By Valdemar Leite  
Valdemar Leite, President  
Title

(Report must be signed by an officer)