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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No	2 Name of Corporation			
142760	COTTAGE STREET DONUTS, INC.			
3 Street Address Principal Business Office		City	State	Zip
Cottage Plaza Shopping Center, Cottage Street		Pawtucket	RI	
4 Business Phone No	5 State of Incorporation			6 SIC Code
	RI			612

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

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

President Name			Vice President Name		
Carlos Santos			Carlos Santos		
Street Address			Street Address		
3 East Ridge Road			3 East Ridge Road		
City	State	Zip	City	State	Zip
North Attleboro	MA	02760-	North Attleboro	MA	02760-
Secretary Name			**Treasurer Name**		
Carlos Santos			Carlos Santos		
Street Address			Street Address		
3 East Ridge Road			3 East Ridge Road		
City	State	Zip	City	State	Zip
North Attleboro	MA	02760-	North Attleboro	MA	02760-

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

Director Name			Director Name		
Carlos Santos			none		
Street Address			Street Address		
3 East Ridge Road			none		
City	State	Zip	City	State	Zip
North Attleboro	MA	02760-	none	none	none
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	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

[redacted]

[redacted]

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.

Carlos Santos — 1/03/05
Signature of Officer — *Date*

Carlos Santos
Print or Type Name of Officer

President
Title of Officer

File Date FILED
Check No. 062634
APR 19 2005
By: By
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03