



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 99677		2. Name of Corporation A.M.A. DONUTS, INC.			
3. Street Address Principal Business Office 3348 Pawtucket Avenue			City East Providence	State RI	Zip 02915-0000
4. Business Phone No		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</b>					
President Name Antonio Arruda			Vice President Name Joseph Martins		
Street Address 21 Jane Howland Place			Street Address 95 Rice Avenue		
City Seekonk	State MA	Zip 02771-	City East Providence	State RI	Zip 02914-
Secretary Name Joseph Martins			Treasurer Name Antonio Arruda		
Street Address 95 Rice Avenue			Street Address 21 Jane Howland Place		
City East Providence	State RI	Zip 02914-	City Seekonk	State MA	Zip 02771-
<b>NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name Antonio Arruda			Director Name Joseph Martins		
Street Address 21 Jane Howland Place			Street Address 95 Rice Avenue		
City Seekonk	State MA	Zip 02771-	City East Providence	State RI	Zip 02914-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
<b>10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) [ ] 11. SHARES ISSUED (X BOX FOR ATTACHMENT) [ ]</b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	66.66	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.

Signature of Officer  
Antonio Arruda  
Date  
1/03/05

Print or Type Name of Officer  
President  
Title of Officer

File Date: 2-19-05  
Check No: 002746  
FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# 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>99677</b>		2. Name of Corporation <b>A.M.A. DONUTS, INC.</b>	
3. Street Address Principal Business Office <b>3348 Pawtucket Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
4. Business Phone No.		5. State of Incorporation <b>RI</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>to operate a donut franchise</b>		6. SIC Code <b>02915-0000</b> <b>612</b>	

## 8. NAMES AND ADDRESSES OF THE OFFICERS AND DIRECTORS OF THE CORPORATION

President Name <b>Antonio Arruda</b>			Vice President Name <b>Joseph Martins</b>		
Street Address <b>21 Jane Howland Place</b>			Street Address <b>95 Rice Avenue</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771-</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-</b>
Secretary Name <b>Joseph Martins</b>			Treasurer Name <b>Antonio Arruda</b>		
Street Address <b>95 Rice Avenue</b>			Street Address <b>21 Jane Howland Place</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771-</b>

## 9. NAMES AND ADDRESSES OF THE DIRECTORS OF THE CORPORATION

Director Name <b>Antonio Arruda</b>			Director Name <b>Joseph Martins</b>		
Street Address <b>21 Jane Howland Place</b>			Street Address <b>95 Rice Avenue</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771-</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-</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 AND ISSUED

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>66.66</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: **2-9-04**  
Check No.: **2093**  
By: **10P**  
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: **Antonio Arruda** Date: **1/05/04**  
Print or Type Name of Officer: **Antonio Arruda**  
Title of Officer: **President**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903 1335  
401-222-3040



**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. **99677** 2. Name of Corporation **A.M.A. DONUTS, INC.**  
3. Street Address Principal Business Office **3348 Pawtucket Avenue** City **East Providence** State **RI** Zip **02915-0000**  
4. Business Phone No. 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>Antonio Arruda</b>			Vice President Name <b>Joseph Martins</b>		
Street Address <b>21 Jane Howland Place</b>			Street Address <b>95 Rice Avenue</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771-</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-</b>
Secretary Name <b>Joseph Martins</b>			Treasurer Name <b>Antonio Arruda</b>		
Street Address <b>95 Rice Avenue</b>			Street Address <b>21 Jane Howland Place</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771-</b>

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

Director Name <b>Antonio Arruda</b>			Director Name <b>Joseph Martins</b>		
Street Address <b>21 Jane Howland Place</b>			Street Address <b>95 Rice Avenue</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771-</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-</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>66.66</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 1547  
By UP

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 Antonio Arruda Date 1/06/03

Print or Type Name of Officer  
**Antonio Arruda**  
**President**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3640



**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.

99677

2. Name of Corporation

A.M.A. DONUTS, INC.

3. Street Address Principal Business Office

3348 Pawtucket Avenue

City

East Providence

State

RI

Zip

02915-0000

4. Business Phone No.

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

Antonio Arruda

Vice President Name

Alfredo Andrade

Street Address

21 Jane Howland Place

Street Address

37 Reardon Avenue

City

Seekonk

State

MA

Zip

02771-

City

Riverside

State

RI

Zip

02915-

Secretary Name

Alfredo Andrade

Treasurer Name

Joseph Martins

Street Address

37 Reardon Avenue

Street Address

95 Rice Avenue

City

Riverside

State

RI

Zip

02915-

City

East Providence

State

RI

Zip

02914-

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

Director Name

Antonio Arruda

Director Name

Alfredo Andrade

Street Address

21 Jane Howland Place

Street Address

37 Reardon Avenue

City

Seekonk

State

MA

Zip

02771-

City

Riverside

State

RI

Zip

02915-

Director Name

Joseph Martins

Director Name

none

Street Address

95 Rice Avenue

Street Address

none

City

East Providence

State

RI

Zip

02914-

City

none

State

none

Zip

none

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600

Common

No Par

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

ISSUED SHARES

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

File Date: 2/14/08

Check No: 000899

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: 1/7/02

Antonio Arruda

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**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.

99677

2. Name of Corporation

A.M.A. DONUTS, INC.

3. Street Address Principal Business Office

3348 Pawtucket Avenue

City

East Providence

State

RI

Zip

02915-0000

4. Business Phone No.

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

Antonio Arruda

Vice President Name

Alfredo Andrade

Street Address

21 Jane Howland Place

Street Address

37 Reardon Avenue

City

Seekonk

State

MA

Zip

02771-

City

Riverside

State

RI

Zip

02915-

Secretary Name

Alfredo Andrade

Treasurer Name

Joseph Martins

Street Address

37 Reardon Avenue

Street Address

95 Rice Avenue

City

Riverside

State

RI

Zip

02915-

City

East Providence

State

RI

Zip

02914-

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

Director Name

Antonio Arruda

Director Name

Alfredo Andrade

Street Address

21 Jane Howland Place

Street Address

37 Reardon Avenue

City

Seekonk

State

MA

Zip

02771-

City

Riverside

State

RI

Zip

02915-

Director Name

Joseph Martins

Director Name

none

Street Address

95 Rice Avenue

Street Address

none

City

East Providence

State

RI

Zip

02914-

City

none

State

none

Zip

none

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

AUTHORIZED SHARES

Number of Shares

600

Class/Series

Common

Par Value

No Par

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

ISSUED SHARES

Number of Shares

100

Class/Series

Common

Par Value

No Par

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

File Date: 2/2

Check No.: 388

By: 2c

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 Antonio Arruda Date 1/2/01

Antonio Arruda

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



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. 99677 2. Name of Corporation A.M.A. DONUTS, INC.  
3. Street Address Principal Business Office 3348 Pawtucket Avenue City East Providence State RI Zip 02915-0000  
4. Business Phone No. 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 Antonio Arruda Vice President Name Alfredo Andrade  
Street Address 21 Jane Howland Place Street Address 37 Reardon Avenue  
City Seekonk State MA Zip 02771- City Riverside State RI Zip 02915-  
Secretary Name Alfredo Andrade Treasurer Name Joseph Martins  
Street Address 37 Reardon Avenue Street Address 95 Rice Avenue  
City Riverside State RI Zip 02915- City East Providence State RI Zip 02914-

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

Director Name Antonio Arruda Director Name Alfredo Andrade  
Street Address 21 Jane Howland Place Street Address 37 Reardon Avenue  
City Seekonk State MA Zip 02771- City Riverside State RI Zip 02915-  
Director Name Joseph Martins Director Name none  
Street Address 95 Rice Avenue Street Address none  
City East Providence State RI Zip 02914- City none State none Zip none

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

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

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

ISSUED SHARES  
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

File Date: 1-26-00

Check No.: 6038

By: AMF

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 Antonio Arruda Date 1/3/00

Print or Type Name of Officer President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**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. 99677 2. Name of Corporation A.M.A. DONUTS, INC.

3. Street Address Principal Business Office  
3348 Pawtucket Avenue

City East Providence

State RI

Zip 02915-0000

4. Business Phone No.

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  
Antonio Arruda

Vice President Name  
Alfredo Andrade

Street Address  
21 Jane Howland Place

Street Address  
37 Reardon Avenue

City Seekonk State MA Zip 02771-

City Riverside State RI Zip 02915-

Secretary Name  
Alfredo Andrade

Treasurer Name  
Joseph Martins

Street Address  
37 Reardon Avenue

Street Address  
95 Rice Avenue

City Riverside State RI Zip 02915-

City East Providence State RI Zip 02914-

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

Director Name  
Antonio Arruda

Director Name  
Alfredo Andrade

Street Address  
21 Jane Howland Place

Street Address  
37 Reardon Avenue

City Seekonk State MA Zip 02771-

City Riverside State RI Zip 02915-

Director Name  
Joseph Martins

Director Name  
none

Street Address  
95 Rice Avenue

Street Address  
none

City East Providence State RI Zip 02914-

City none State none Zip none

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

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

File Date: Feb 18, 1999

Check No: 47

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: Antonio Arruda Date: 1/4/99

Print or Type Name of Officer  
President

Title of Officer