

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

Matthew A. Brown, Secretary of State

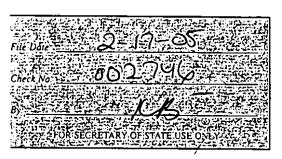
2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Siling Period: January 1 - 8	March 1 🐪 🔸	Filing Fee: \$50.00			 -
FORM MUST BE TYPED OR PRI	NTED IN BLACK)				
1. Corporate ID No	2 Name of Cor	poration	· · · · · · · · · · · · · · · · · · ·		 -

99677	A.M.A. D	ONUTS, INC.				
3. Street Address Principal Business Office 3348 Pawtucket Avenue			East Providence	State RI	z_{φ} 02915-0000	
f. Business Phone No		5. State of Incorporat RI	tion		6. SIC Code 612	
Brief Description of the Chara to operate a donut	rcter of Business Conducted Franchise	in Rhode Island				
TNAMES AND ADDRES Trestdent Name Antonio Arruda	SESTOP THE OFFICE	RS (*X BOX FOR A	TTACHMENT)ET FILIANS Vice President Name Joseph Martins	PAGES:BEFORE-USIN	GIATTACHMENTS 16-21	
irrer Address 21 Jane Howland P			Street Address 95 Rice Avenue			
Seekonk Seekonk	State MA	^{Zip} 02771-	City East Providence	State	^{Zφ} 02914-	
ccretary Name Joseph Martins			Treasurer Name Antonio Arruda			
95 Rice Avenue		Street Address 21 Jane Howland Place				
East Providence	State	^{Z(p} 02914-	City Seekonk	StateMA	^{Zip} 02771-	
NAMES AND ADDRES Otrector Name Antonio Arruda	SES OF THE DIRECT	ORS: <i>=(-X;-BOX-FOR</i>	*ATTACHMENT] FILLIN *Director Name **Joseph Martins**	SPACES BEFORE USI	NG ATTACHMENTS VICE	
ireci Address 21 Jane Howland	Place		Street Address 95 Rice Avenue			
Seekonk ,	State MA	^{Zip} 02771-	East Providence	State RI	02914-	
Director Name NONC	· · · · · · · · · · · · · · · · · · ·		Director Name none			
irect Address none			Street Address none			
none	State none	<i>Zιρ</i> none	City none	State none	Zip none	
OSHARES AUTHORIZE	ED CX BOX FOR A	TTACHMENT) : US	ISSUED SHARES ISSUED (2	X BOX FOR ATTACH	WEDD TO THE SECOND	
iumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
600	Common	No Par	66.66	Common	No Par	
					•	
					<u> </u>	

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



Under penalty of p	erjury, I declare a	nd affirm that I have ex	amined this report,
including any acco	ompanying schedu	les and statements, and	I that all statements
contained herein a	re true and correct		
	1 . ! 16		

1/03/05 Date

Antonio Arruda

Print or Type Name of Officer

President

Title of Officer



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

STOP PILAM READ INTRECTIONS

East Providence TACHMEND A FLUIN SPACES Vice President Name Joseph Martins Street Address 95 Rice Avenue City East Providence	State RI 13: DRF SSL GALLY State RI	Zip
East Providence TACHMENT A FLEIN SPACES Vice President Name Joseph Martins Street Address 95 Rice Avenue City East Providence	RI Da. D. S. S. G. Apv	02915-0000 6. SIC Code 612
East Providence TACHMENT A FLEIN SPACES Vice President Name Joseph Martins Street Address 95 Rice Avenue City East Providence	RI Da. D. S. S. G. Apv	02915-0000 6. SIC Code 612
East Providence TACHMENT A FLEIN SPACES Vice President Name Joseph Martins Street Address 95 Rice Avenue City East Providence	RI Da. D. S. S. G. Apv	02915-0000 6. SIC Code 612
Vice President Name Joseph Martins Street Address 95 Rice Avenue City East Providence	In D. 23 . ISL (G. 177)	6. SIC Code 612
Vice President Name Joseph Martins Street Address 95 Rice Avenue City East Providence	. State	612
Vice President Name Joseph Martins Street Address 95 Rice Avenue City East Providence	. State	XIIMENTS III
Vice President Name Joseph Martins Street Address 95 Rice Avenue City East Providence	. State	Zip
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City East Providence	ı	Zip
City East Providence	ı	Zip
** * * - * *	RI	
The agree of the state of the s	4	02914-
Treasurer Name		/1 *** * * * * * * * * * * * * * * * * *
Antonio Arruda		
Street Address 21 Jane Howland P.	laas	
City	State	*:_
Seekonk		Zip
A CONTRACTOR OF	j MA	: 02771- T \CHANDES
Director Name	K. 1187 - 1107 - 1501 161 161 17	a Zerk transmit
•		
Joseph Martins Street Address		
95 Rice Avenue		
City	 , State	¹ Zip
East Providence	RI	02914-
Director Name		02714-
none		
Street Address		• • •
none	State	- · · · · · Zip
none : City	: none	none
· · · · · · · · ·		
City none		
City none		Par Value
none	Class/Series	
	ISSUED SHARES	· · · · · · · · · · · · · · · · · · ·

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

File Detail	2.9.04	and the second s
File Date:	2093	
By:	(P	
FOR SECRETAL	RY 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 Date

Antonio Arruda

Print or Type Name of Officer

President

Title of Officer

Form 630 12/02



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

riting Period: Janua	,	1 1111 TEE: \$30.00			1221
(FORM MUST BE TYPED IN	RI,AGK)				
1 Corporate ID No. 99677	2. Name of Corport A.M.A. DC	ntion ONUTS, INC.			
3 Street Address Principal Busin 3348 Pawtucket Ave	ness Office . nue		Cay East Providence	State RI	Zip 02915-000
4 Business Phone No		5. State of Incorporatio RI	บ		6 SIC Code 612
7 Brief Description of the Chara to operate a donut fi	ecter of Business Conducted ranchise	in Rhode Island			
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATT)		BEFORE USING ATTA	CHMENTS
Antonio Arruda			Vice President Name		
Street Address			Joseph Martins Street Address		
21 Jane Howland Pla	ace		95 Rice Avenue		
City	State	Zip	Gity	State	Zip
Seekonk	MA	02771-	East Providence	RI	02914-
Secretary Name			Treasurer Name	•	
Joseph Martins			Antonio Arruda		
Street Address 95 Rice Avenue			Street Address 21 Jane Howland Pla	ice	
City East Providence	State RI	^{Z)p} 02914 -	cuy Seekonk	State MA	71p 02 771-
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT		S BEFORE USING ATT	ACHMENTS
Antonio Arruda			Joseph Martins		
Street Address 21 Jane Howland I	lace		Street Address 95 Rice Avenue		
Seekonk	State MA	Ζίρ 02771 -	cay East Providence	State RI	Zip 02914 -
Director Name none			Director Name none		
none			Miect Address none		
none	State none	^{Zip} none	(in): none	State none	Zip none
IO. SHARES AUTHORIZ NUTHORIZED SHAKES	ED (*x* box for att.	ACHMENT)	11. SHARES ISSUED (**)	X" BOX FOR ATTACHMEN.	r)
Sumber of Shares	Class/Scries	Par Value	Number of Shates	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	
1.32.03	this report, including any accompanying schedules and statements, that all statements contained herein are true and correct.	and
File Dute	System of Officer Date	
Check No	Antonio Arruda	_
FOR SECRETARY OF STATE USE ONLY	President Title of Officer	



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

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

2002

FORM MUST BE TYPED IN B	LACK)				
L. Corporate ID No.	2 Name of Corpora	tton			\ <u></u>
99677	A.M.A. DO	ONUTS, INC.			
3 Street Address Principal Busine	ss Office		Cay	State	Zip
3348 Pawtucket Ave	nue		East Providence	RI	02915-000
4 Business Phone No		5. State of Incorpora	ttion		6 MC Code
		RI			612
7. Brief Description of the Charac to operate a donut fr		n Rhode Island			
8. NAMES AND ADDRE	ESSES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES I	BEFORE USING ATTA	CHMENTS
Antonio Arruda Street Address 21 Jane Howland Pla	ıce		Alfredo Andrade Street Address 37 Reardon Avenue		
City	State	Zip	City	State	Zip
Seekonk	MA	02771-	Riverside	RI	02915-
Secretary Name			Treasurer Name		02715
Alfredo Andrade			Joseph Martins		
37 Reardon Avenue			Street Address 95 Rice Avenue		
City	State	Zip	Cay	State	Zip
Riverside	RI	02915-	East Providence	RI	02914-
9. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
Antonio Arruda			Alfredo Andrade		
Street Address			Street Address		
21 Jane Howland P	lace		37 Reardon Avenue		
City	State	Zip	City	State	Zip
Seekonk	MA	02771-	Riverside	R1	02915-
Director Name			Director Name		
Joseph Martins			none		
Street Address 95 Rice Avenue			Street Address		
			none		
East Providence	State	Zip	City	State	Zip
	RI	02914-	none	none	none
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*X* BOX FOR AITA	ACHMENT) .	11. SHARES ISSUED (**) ISSUED STEARES	C BOX FOR ATTACHMEN	1)
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

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ile Date	$\frac{1}{2}$	100	
heck No .	000)8Y9	
)·	Q	5	
OR SECRETA	ARY OF STATE	USI. ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, includifigany accompanying schedules and statements, and that all statements contained herein are true and correct.

Date

Signature of Officer

Antonio Arruda

Print or Type Name of Officer

President

Title of Officer

F-rm /20 13/01



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. 2. Name of Corporation 99677 A.M.A. DONUTS, INC. 3. Street Address Principal Business Office State Zip 3348 Pawtucket Avenue East Providence RI 02915-0000 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 franchise 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Antonio Arruda Alfredo Andrade Street Address Street Address 21 Jane Howland Place 37 Reardon Avenue City State Zip City State Zip Seckonk MA 02771-Riverside RI 02915-Secretary Name Treasurer Name Alfredo Andrade Joseph Martins Street Address Street Address 37 Reardon Avenue 95 Rice Avenue State City State Zio Riverside RI 02915-East Providence RI 02914-9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Antonio Arruda Alfredo Andrade Street Address Street Address 21 Jane Howland Place 37 Reardon Avenue CITY State ZIp Seekonk MA 02771-Riverside RI 02915-Director Name Director Name Joseph Martins none Street Address Street Address 95 Rice Avenue none State City Zip State Zip East Providence RI 02914none none none 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUEE) SHIARES 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

Title of Officer

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388	
de	
	2/2 388 24

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Under penalty of perjury, I declare and at	firm that I have examined
this report, including any accompanying	schedules and statements, and
that all statements contained herein are t	rue and correct.
lunde lunde	1/2/01
Signature of Officer	Date
Antonio Arruda	
Print or Type Name of Officer	
President	



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

ruing rerioa: januai	ry I-March I •	Filing Fee: \$50.00	1		INSTRUCTION
FORM MUST BE TYPED IN B	LACK)		•		
l. Corporate ID No. 99677	2. Name of Carpore A.M.A.	DONUTS, INC.			
i. Street Address Principal Busine 3348 Pawtucket Av	ss Office enue		Gity East Providence	State R1	Zip 02915-0000
l. Husiness Phane No.		S. State of Incorporation			6. SIC Code 612
. Brief Description of the Charac to operate a donut	ter of Business Conducted franchise	in Rhode Island			
B. NAMES AND ADDRE	SSES OF THE OFF	ICERS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES B	EFORE USING ATTAC	THMENTS
resident Name Antonio Arruda			Vice President Name Alfredo Andrade		
treet Address 21 Jane Howland P	lace		Street Address 37 Reardon Avenue		
Seekonk	State MA	^{Zip} 02771-	City Riverside	State RI	Zip 02915-
ecretary Name Alfredo Andrade		•	Deasurer Name Joseph Martins	•	• • • • • • • • • • • • • • • • • • • •
rreet Address 37 Reardon Avenue	•		Street Address 95 Rice Avenue		
Riverside	State R1	^{Zip} 02915 -	Cuy East Providence	State RI	Zip 02914-
. NAMES AND ADDRE	SSES OF THE DIR	ECTORS (*X* BOX FOR ATT.	ACHMENT) FILL IN SPACES	BEFORE USING ATT	ACHMENTS
Antonio Arruda			Director Name Alfredo Andrade		
21 Jane Howland P	lace		Street Address 37 Reardon Avenue		
Seekonk Seekonk	State MA	^{Zio} 02771 -	City Riverside	State RI	^{Zip} 02915-
irector Name Joseph Martins	,	•	Director Name None	•	•• ••••
95 Rice Avenue			. Street Address none		
East Providence	State RI	^{Zip} 02914 -	City none	State none	Zip NONE
O. SHARES AUTHORIZ	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x*	BOX FOR ATTACHMENT	")
umher 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

100

Common

No Par

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
1-11-00	that all statements contained perein are true and correct.
File Date: 1-26-00	1/3/00
1 10	- li line Vindo-
Check No.:	Signature of Officer Date
	Antonio Arruda
BV: AMF	Print or Type Name of Officer
	President
FOR SECRETARY OF STATE USE ONLY	This care
	Title of Officer



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.

Number of Shares

600

2. Name of Corporation

A.M.A. DONUTS, INC.

. Street Address Principal Business 3348 Pawtucket Ave			Gity East Providence	State RI	Zip 02915-0000
. Business Phone No.		5. State of Incorporation			6. SIC Code 612
Brief Description of the Characte to operate a donut fi	er of Business Conducted	d in Rhode Island			
B. NAMES AND ADDRES	SSES OF THE OF	FICERS ("X" BOX FOR ATTACH	MENT)		
resident Name Antonio Arruda			Vice President Name Alfredo Andrade		
treet Address 21 Jane Howland Pl	ace		Street Address 37 Reardon Avenue		
Seekonk	State MA	^{Zip} 02771 -	City Riverside	State RI	2ip 02915 -
ecretory Name Alfredo Andrade			Treasurer Name Joseph Martins		
Sireet Address 37 Reardon Avenue			Street Address 95 Rice Avenue		
Riverside	State RI	02915-	East Providence	State R1	Zip 02914-
9. NAMES AND ADDRE	SSES OF THE DI	RECTORS ("X" BOX FOR ATTA	CHMENT)	•	
Director Name Antonio Arruda			Director Name Alfredo Andrade		
street Address 21 Jane Howland Pl	lace		Street Address 37 Reardon Avenue		
Seekonk	State MA	^{Zip} 02771-	Riverside	State RI	Zip 02915 -
Director Name Joseph Martins			Director Name NONE		
Street Address 95 Rice Avenue			Street Address NONE		
East Providence	s _{tate} Ri	^{Zig} 02914-	City none	State none	Zip none
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("x" BOX FOR A	TTACHMENT)	11. SHARES ISSUED (*X* ESUED SHARES	BOX FOR ATTACHME	NT)

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

Number of Shares

	1.11000			
File Date.	110 18 199	· · · ·		
Check No :	47	— [/A 1/		
Ву:				
FOR SECRETARY OF STATE USE ONLY				

Class/Series

Common

Par Value

No Par

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.

1/4/99

Class/Series

Common

Antonio Arruda

Print or Type Name of Officer

100

President

Title of Officer

1

Par Value

No Par