

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

Matthew A. Brown, Secretary of State

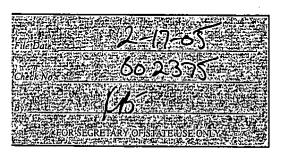
Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

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

2005

(FORM MUST BE TYPED OR PR	INTED IN BLACK)					
1. Corporate ID No. 89076	2. Name of Corpora CENTRA	tion L AVENUE DONU	rs, inc.			
3. Street Address Principal Business Office 1113 Central Avenue		Pawtucket	State RI	02861-0000		
4. Business Phone No. 5. State of Incorporat RI		tion		6. SIC Code 612		
7. Brief Description of the Characte to operate a donut sh	r of Business Conducted <b>0p</b>	in Rhode Island		-		
8::NAMES:AND ADDRESSE President Name Manuel P. Andrade	STOP THE OFFICE	RS <sub>ID</sub> (±X=BOX FOR	Vice President Name  Steven Andrade	aspages#before#usin	GALIACHMENIS EST	
Street Address 40 Carrie Avenue			Street Address 71 Fairview Avent	ue		
East Providence	State RI	<sup>Zip</sup> 02916-	City Rehoboth	State MA	<sup>Zip</sup> 02769-	
Socretary Name Edward Andrade		Treasurer Name Manuel P. Andrac				
Street Address 141 Fairway Drive		Street Address 40 Carrie Avenue	Street Address 40 Carrie Avenue			
Attleboro	State MA	Zip 02703-	E.Providence	State RI	<sup>Zip</sup> 02916-	
9 NAMES AND ADDRESSE Director Name Manuel P. Andrade		OKS:#(JX:-BOX JOA	Director Name Steven Andrade	inspáges deforeus	ingätiaghmenisæs	
Street Address 40 Carrie Avenue			Street Address 71 Fairview Avenu	ıe		
East Providence	State RI	2(p 02916-	City Rehoboth	State MA	<sup>Zip</sup> 02769-	
Director Name Edward Andrade	, 44 94 44 44 44 44 44 44 44 44 44 44 44		Director Name Christopher Andrade			
Street Address 141 Fairway Drive		,	Street Address 40 Carrie Avenue			
Attleboro	State MA	<sup>Zip</sup> 02703-	City E. Providence	State R1	Zip 02916-	
103SHARESTAUTHORIZED AUTHORIZED SHARES	ECXEBOX FOR A	TTACHMENT)	ISSUED SHARES	ICEXX BOX HORAL FRA	HMINO!	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
600	Common	No Par	120	Common	No Par	
<del></del>					γ,	

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

1/03/05 Date

Manuel P. Andrade

Print or Type Name of Officer

President



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

600	Common	No Par	120	Common	No Par
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
AUTHORIZED SHARES		The state of the s	ISSUED SHARES	2.000 1977 - 0000 003	Service of the servic
10 SHARES APREHORIZE		02/03-	E. Providence	RI	02916-
City Attleboro	State MA	2tp 02703-	City  E. Providence	State	Zip
141 Fairway Drive			40 Carrie Avenue		
Street Address			Street Address	auc 	·
Director Name Edward Andrade			Christopher Andr	ada	
East Providence	RI	02916-	Rehoboth	MA	02769-
City	State	Zip	71 Fairview Avenu	State	Zip
Street Address 40 Carrie Avenue			Street Address		
Manuel P. Andrade			Steven Andrade		
9: NAMES AND ADDRES Director Name	262 OF THE DILL	CHOUSE CHOOSE	Director Name	rz narski zaklety ik	VALUE OF SECTION AND ADDRESS OF SECTION AND ADDRESS OF SECTION ADDRESS OF SEC
Attleboro	MA	02703-	E.Providence	RI	02916-
City	State	Zip	City	State	Zip
Street Address 141 Fairway Drive			Street Address 40 Carrie Avenue		
Edward Andrade			Manuel P. Andrad	le	
Secretary Name		/=/AU	Treasurer Name	į IVEA	
City East Providence	State RI	. zip 0 <b>2</b> 916-	Rehoboth	State MA	<sup>Zip</sup> 02769-
40 Carrie Avenue	•	· _,	71 Fairview Avenu		
Manuel P. Andrade Street Address			Steven Andrade Street Address	-	
8. NAMESAAND&ADDRES President Name	SES OF THE OFFI	TERSKANDBONTORAL	TACHMENT) : TISTAS RACES  Vice President Name	BREDY ESINGATIAS	HMODES TO
7. Brief Description of the Character to operate a donut sho		Rhode Island			
(508) 222-7990		RI			612
1113 Central Avenue	-11	5. State of Incorporat	Pawtucket	RI	02861-0000 6. SIC Code
89076 3. Street Address Principal Business	CENTRAL	L AVENUE DONU	rs, inc.	State	Zip
00087					

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

File Date: 2-12-0	4	A STATE OF	r gigarana adi Arabita
Check No.: 001780			কুলাই কুলাকুন্দ্র কি তারত ৮৯ কুলা
By:NMG	Sp. 2		ege te
FOR SECRETARY OF STATE USE ON	LY		3

Jnder penalty of perjury, I declare and affirm that I have examined
his report, including any accompanying schedules and statements, and
hat all statements contained herein are true and correct.

P Mulse St Date

Manuel P. Andrade

Print or Type Name of Officer

President

Title of Officer **◆** 5

Form 630 12/02



File Date:

Check No.:

FOR SECRETARY OF STATE USE ONLY

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

## 

2003

401-222-3040 STOP

					INSTR
(FORM MUST BE TYPED IN BE 1. Corporate ID No.	ACK) 2. Name of Corpor	atlan			
89076		L AVENUE DONUT	rs inc		
3. Street Address Principal Busines	ss Office		City	State	Zip
1113 Central Avenue			Pawtucket	RI	02861-000
4. Business Phone No. (508) 222-7990		5. State of Incorpora	ation		6. SIC Code 612
. Brief Description of the Charact to operate a donut sho	er of Business Conducted Op	in Rhode Island			
3. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTA	CHMENTS
Manuel P. Andrade			Steven Andrade		
treet Address 40 Carrie Avenue			Street Address 71 Fairview Avenue	e	
East Providence	State RI	<sup>Zip</sup> 02916-	city <b>Rehoboth</b>	State <b>MA</b>	Zip 02769-
Edward Andrade	•		Treasurer Name  Manuel P. Andrade		
reet Address 141 Fairway Drive		•	Street Address 40 Carrie Avenue		
Attleboro	State MA	<sup>Zip</sup> 02703-	E.Providence	State RI	Zip 02916-
NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPAC	ES BEFORE USING ATT	
frector Name Manuel P. Andrade			Director Name		·
reet Address			Steven Andrade		
40 Carrie Avenue	•		71 Fairview Avenue	:	
East Providence	State RI	zip <b>02916</b> -	city <b>Rehoboth</b>	State MA	zip 02769-
rector Name Edward Andrade		** *** *** -** ·	Director Name Christopher Andrac	ie	
141 Fairway Drive			Street Address 40 Carrie Avenue		
Attleboro	State MA	<sup>Zip</sup> 02703-	E. Providence	State RI	Zip <b>02916</b> -
D. SHARES AUTHORIZE OTHORIZED SHARES	D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (* ISSUE) SHARES	"X" BOX FOR ATTACHMENT	")
imber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	120	Common	No Par

Signature of Officer

Manuel P. Andrade

Print or Type Name of Officer

President

Title of Officer

Form 630, 12001

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

1/06/03

that all statements contained herein are true and correct.



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

2002

1. Corporate ID No.					
•	2. Name of Corpor	ation	• -		`
89076	CENTRA	L AVENUE DONU	TS. INC.		
3. Street Address Principal Busine. 1113 Central Avenue	ss Office		City Pawtucket	State	Zip
4. Business Phone No. (508) 222-7990		5. State of Incorpora		RI	02861-00 6. SIC Code
7. Brief Description of the Charact to operate a donut sh	er of Business Conducted  Op				612
8. NAMES AND ADDRE President Name	SSES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES B	BEFORE USING ATTA	CHMENTS
Manuel P. Andrade Street Address			Steven Andrade Street Address		
40 Carrie Avenue			71 Fairview Avenue		
City	State	Zip	City	State	Zip
East Providence	RI	02916-	Rehoboth	MA	02769-
Secretary Name			Treasurer Name	•	-
Edward Andrade			Manuel P. Andrade		
Street Address 141 Fairway Drive			Street Address 40 Carrie Avenue		
City	State	Zíp	City	State	710
Attleboro	MA	03702	•		Zip
		02703-	E.Providence	RI	02916-
9. NAMES AND ADDRES	SSES OF THE DIR			RI BEFORE USING ATT	02916- ACHMENTS
9. NAMES AND ADDRES Director Name Manuel P. Andrade	SSES OF THE DIR		ATTACHMENT) FILL IN SPACES  Director Name  Steven Andrade  Street Address		
9. NAMES AND ADDRES  Director Name  Manuel P. Andrade  Street Address  40 Carrie Avenue  City	SSES OF THE DIR	ECTORS (*x* box for	ATTACHMENT) FILL IN SPACES Director Name Steven Andrade Street Address 71 Fairview Avenue	BEFORE USING ATT	ACHMENTS
9. NAMES AND ADDRES  Director Name  Manuel P. Andrade  Street Address  40 Carrie Avenue	SSES OF THE DIRI		ATTACHMENT) FILL IN SPACES Director Name Steven Andrade Street Address 71 Fairview Avenue City	S BEFORE USING ATT.  State	ACHMENTS Zip
9. NAMES AND ADDRES  Director Name  Manuel P. Andrade  Street Address  40 Carrie Avenue  City	SSES OF THE DIRI	ECTORS ("X" BOX FOR Zip	ATTACHMENT) FILL IN SPACES Director Name Steven Andrade Street Address 71 Fairview Avenue City Rehoboth Director Name	SEFORE USING ATT State MA	ACHMENTS
9. NAMES AND ADDRES  Director Name  Manuel P. Andrade  Street Address  40 Carrie Avenue  City  East Providence  Director Name  Edward Andrade	SSES OF THE DIRI	ECTORS ("X" BOX FOR Zip	ATTACHMENT) FILL IN SPACES Director Name Steven Andrade Street Address 71 Fairview Avenue City Rehoboth Director Name Christopher Andrade	SEFORE USING ATT State MA	ACHMENTS Zip
9. NAMES AND ADDRES  Director Name  Manuel P. Andrade  Street Address  40 Carrie Avenue  City  East Providence  Director Name  Edward Andrade	SSES OF THE DIRI	ECTORS ("X" BOX FOR Zip	ATTACHMENT) FILL IN SPACES Director Name  Steven Andrade Street Address 71 Fairview Avenue City Rehoboth  Director Name Christopher Andrade Street Address	SEFORE USING ATT State MA	ACHMENTS Zip
9. NAMES AND ADDRES  Director Name  Manuel P. Andrade  Street Address  40 Carrie Avenue  City  East Providence  Director Name  Edward Andrade  Street Address  141 Fairway Drive  City	SSES OF THE DIRI	ECTORS ("X" BOX FOR Zip	ATTACHMENT) FILL IN SPACES Director Name Steven Andrade Street Address 71 Fairview Avenue City Rehoboth Director Name Christopher Andrade Street Address 40 Carrie Avenue	SEFORE USING ATT	21p 02769-
9. NAMES AND ADDRES  Director Name  Manuel P. Andrade  Street Address  40 Carrie Avenue  City  East Providence  Director Name  Edward Andrade  Street Address  141 Fairway Drive	SSES OF THE DIRI	Zip 02916-	ATTACHMENT) FILL IN SPACES Director Name  Steven Andrade Street Address 71 Fairview Avenue City Rehoboth  Director Name Christopher Andrade Street Address	State MA  State	Zip 02769-
9. NAMES AND ADDRES  Director Name  Manuel P. Andrade  Street Address  40 Carrie Avenue  City  East Providence  Director Name  Edward Andrade  Street Address  141 Fairway Drive  City  Attleboro  10. SHARES AUTHORIZE	State RI  State MA	Zip 02916- 2ip 02016- 2ip 02703-	ATTACHMENT) FILL IN SPACES Director Name  Steven Andrade Street Address 71 Fairview Avenue City Rehoboth Director Name Christopher Andrade Street Address 40 Carrie Avenue City E. Providence 11. SHARES ISSUED (*x	State MA  State RI	zip 02769- zip 02916-
9. NAMES AND ADDRES  Director Name  Manuel P. Andrade  Street Address  40 Carrie Avenue  City  East Providence  Director Name  Edward Andrade  Street Address  141 Fairway Drive  City	State RI  State MA	Zip 02916- 2ip 02016- 2ip 02703-	ATTACHMENT) FILL IN SPACES Director Name  Steven Andrade Street Address 71 Fairview Avenue City Rehoboth  Director Name Christopher Andrade Street Address 40 Carrie Avenue City E. Providence	State MA  State RI	zip 02769- zip 02916-

File Date:	3.4.62	
Check No.:	Cole 1	
Ву:	2	
FOR SECRETAR	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.

1/7/02

Signature of Officer Date

Manuel P. Andrade

Print or Type Name of Officer President

Title of Officer **€** 5

Form 630 12/01



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

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600	Common	No Par	120	Common	No Por
umber of Shares	Class/Series	Par Value	ISSUED SHARES  Number of Shares	Class/Series	Par Value
O. SHARES AUTHORIZ UTHORIZED SHARES	ZED ("X" BOX FOR AT	TACHMENT)		("X" BOX FOR ATTACHMENT	
<sub>ity</sub> Attleboro	State MA	21p 02703-	E. Providence	State RI	zip 02916-
treet Address 141 Fairway Drive			Street Address 40 Carrie Avenue	•	
rector Name Edward Andrade			Director Name Christopher Andrad	,	•
E. Providence	State RI	zip 02916-	city Rehoboth	State MA	Zip 02769-
treet Address 40 Carrie Avenue		٠	Street Address 71 Fairview Avenue		
. NAMES AND ADDR Director Name Manuel P. Andrade	ESSES OF THE DII	RECTORS ("X" BOX FOR		ES BEFORE USING ATTA	
Sity Attleboro	State MA	21p 02703-	city E.Providence	State RI	zıp 02916-
treet Address 141 Fairway Drive			Street Address 40 Carric Avenue	-	•
ectetary Name Edward Andrade	***	* *** 24, *	Treasurer Name Manuel P. Andrade	• • • • • • • • • • • • • • • • • • • •	•
E.Providence	RJ	02916-	Rehoboth .	MA	zip 02769-
40 Carrie Avenue	State	Zip	71 Fairview Avenue	State	7/-
treet Address			Steven Andrade Street Address		
B. NAMES AND ADDR resident Name Manuel P. Andrade	ESSES OF THE OF	FICERS ("X" BOX FOR A	Vice President Name	BEFORE USING ATTAC	HMENTS
to operate a donut sh	acter of Business Conducted	d in Rhode Island			V12
5. Business Phone No. (508) 222-7990		5. State of Incorpora			6. SIC Code 612
3. Street Address Principal Busin 1113 Central Avenue	ness Office		city Pawtucket	State RI	zıp 02861-0000
89076	CENTR	AL AVENUE DONU'	TS, INC.		
FORM MUST BE TYPED IN .					
Filling Period: Janua	ary 1-March 1	Filing Fee: \$50.0	00	<u></u> -	

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

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File Date:	·	
	248	
Check No.:	<del>- a </del>	
	Qu	
Ву:		
FOR SECRETA	ARY 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

Manuel P. Andrade

Print or Type Name of Officer

President



(FORM MUST BE TYPED IN BLACK)

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

1. Corporate ID No.	2. Name of Corpora	tion				_
89076	CENTR	AL AVENUE DON	IUTS, INC.			
3. Street Address Principal Busine	ess Office		City	State	Zip	
1113 Central Avenu	ue		Pawtucket	RI	02861-0000	
4. Business Phone No.		5. State of Incorpora	ation -		6. SIC Code	
(508) 222-7990		RI			612	
7. Brief Description of the Charac to operate a donut s		in Rhode Island		•		
8. NAMES AND ADDRI	ESSES OF THE OFF	ICERS ("X" BOX FOR A	TTACHMENT): FILL IN SPACES	BEFORE USING ATTAC	CHMENTS	
President Name			. Vice President Name			
Manuel P. Andrade	2		Steven Andrade			
Street Address			Street Address			
40 Carrie Avenue			71 Fairview Avenue	e		
City	State	Zip	City	State	Zip	
E.Providence	RI	02916-	Rehoboth	MA	02769-	
Secretary Name	•	* **	Treasurer Name		**** * ************ **** ****	•
Edward Andrade			. Manuel P. Andrade	•		
Street Address			Street Address			
141 Fairway Drive			40 Carrie Avenue			
City	State	Zip	City	State	Zip	
Attleboro	MA	02703-	: E.Providence	RI	02916-	
	ESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT)   FILL IN SPACE	S BEFORE USING ATT	ACHMENTS	٠
Director Name			: Director Name			•
Manuel P. Andrade	2		Steven Andrade			
Street Address			Street Address		•	
40 Carrie Avenue			71 Fairview Avenue	e		
City E. Drowidones	State	Zip	City	State	Zip	
E. Providence	RI	02916-	Rehoboth	MA	02769-	
Director Name Edward Andrade			Director Name	•		
			Christopher Andra	de		
Street Address 141 Fairway Drive			Street Address			
-			40 Carrie Avenue			
Attleboro	State <b>MA</b>	<sup>Zip</sup> <b>02703</b> -	E. Providence	State <b>RI</b>	<sup>Zip</sup> <b>02916-</b>	
10. SHARES AUTHORIZ	LED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (" ISSUED SHARES	X* BOX FOR ATTACHMENT	7)	₹
AUTHORIZED SHARES		Par Value	. Number of Shares	Class/Series	Par Value	
AUTHORIZED SHARES  Number of Shares	Class/Series	I WI TWINE				

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.

Manuel P. Andrade

Print or Type Name of Officer

President



#### 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: Januai	ry 1-March 1 •	Filing Fee: \$50.00			INSTRUCT
(FORM MUST BE TYPED IN BI	LACK)				
1. Corporate ID No. 89076	2. Name of Corpora CENTI	ation RAL AVENUE DONUTS	S, INC.		<del></del>
3. Street Address Principal Busine 1113 Central Aven			City Pawtucket	State RI	Zip 02861-0000
4. Business Phone No. (508) 222-7990		5. State of Incorporation RI			6. SIC Code 612
7. Brief Description of the Charac to operate a donut	ter of Business Conducted : Shop	in Rhode Island			
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACH			• -
Manuel P. Andrade	•		Vice President Name Steven Andrade		
Street Address 40 Carrie Avenue			Street Address 71 Fairview Avenue		
E.Providence	State RI	<sup>Zlp</sup> <b>02916</b> -	City Rehoboth	State MA	<sup>Zip</sup> 02769-
Secretary Name Edward Andrade			Treasurer Name Manuel P. Andrade	* ********	*******
Street Address 141 Fairway Drive	-	· · · · · · · · · · · · · · · · · ·	Street Address 40 Carrie Avenue	· - · · · -	
Attleboro	State MA	<sup>Zlp</sup> 02703-	E.Providence	State RI	<sup>Zip</sup> 02916-
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT)		<del>-</del> .
Director Name Manuel P. Andrade			Director Name Steven Andrade		•
Street Address 40 Carrie Avenue		·-· .	Street Address 71 Fairview Avenue		
E. Providence	State RI	<sup>Zip</sup> <b>02</b> 916-	City Rehoboth	State MA	žip 02769-
Director Name Edward Andrade	•	• • • • • • • • • • • • • • • • • • • •	Obrector Name Christopher Andrade		******
Street Address 141 Fairway Drive			Street Address 40 Carrie Avenue		
Attleboro	State MA	<sup>Zip</sup> 02703-	E. Providence	State RI	zip 02916-
10. SHARES AUTHORIZ. AUTHORIZED SHARES	ED ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT	) <sup>*</sup> .** ***
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	120	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:	11.99	
Check No.:	892	
Ву:	JD.	
FOR SECRETARY OF ST	TATE 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 Manuel P. Andrade

Print or Type Name of Officer

President



#### 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 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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FORM MUST BE TYPED IN BL	LACK)							
1. Corporate ID No. <b>89076</b>	2. Name of Corpor							
3. Street Address Principal Busines 1113 Central Avenu	ss Office		City Pawtucket	State <b>RI</b>	zip 0 <b>2861-000</b> 0			
4. Business Phone No. (508) 222-7990								
7. Brief Description of the Charact to operate a donut s	ter of Business Conducted Shop	in Rhode Island			612			
8. NAMES AND ADDRE	SSES OF THE OFF	FICERS ("X" BOX FOR ATTAC	HMENT)	185	-			
President Name Manuel P. Andrade			Vice President Name Steven Andrade					
Street Address 40 Carrie Avenue			Street Address 71 Fairview Avenu	e				
E.Providence	State <b>RI</b>	Zip <b>02916-</b>	City Rehoboth	State <b>MA</b>	zip <b>02769</b> -			
Secretary Name Edward Andrade			Treasurer Name Manuel P. Andrade					
Street Address 141 Fairway Drive			Street Address 40 Carrie Avenue					
Attleboro	State MA	<sup>Zip</sup> <b>02703-</b>	City E.Providence	State • <b>RI</b>	zip <b>02916-</b>			
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	ACHMENT)					
Director Name Manuel P. Andrade			Director Name Steven Andrade					
Street Address 40 Carrie Avenue			Street Address 71 Fairview Avenue	e				
E. Providence	State RI	Zip 02916-	City Rehoboth	State <b>MA</b>	zip <b>02769-</b>			
Director Name Edward Andrade		•	Director Name Christopher Andra	de	****			
Street Address 141 Fairway Drive			Street Address 40 Carrie Avenue					
Attleboro	State MA	Zip <b>02703-</b>	City E. Providence	State RI	Zip <b>02916-</b>			
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	·- ·-				
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value			

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

No Par

File Date:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

Common

600

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.

Common

No Par

Signature of Officer Date 1/5/98

Manuel P. Andrade

Print or Type Name of Officer

120

President



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

#### PROFIT CORPORATION ANNUAL REPORT 1997

Filling	Period:	January	1-	March	1	•	Filing	Fee:	\$50.	00
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(FORM MUST BE TYPED IN BLACK)

1. Corporate 1D No. 89076

4. Business Phone No.

2. Name of Corporation

CENTRAL AVENUE DONUTS, INC.

3. Street Address Principal Business Office 1113 Central Avenue

5. State of Incorporation

RI

**Pawtucket** 

Vice President Name

Rehoboth

Street Address

City

Steven Andrade

**64 Frances Street** 

Manuel P. Andrade

40 Carrie Avenue

State RI

Zip

02861-0000

6. SIC Code

612

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

(508) 222-7990

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name

Manuel P. Andrade

Street Address

40 Carrie Avenue

State

E.Providence RI

Secretary Name Edward Andrade

Street Address 141 Fairway Drive

City

Attleboro

City

State

State

MA

Zip 02703-

Zip 02916-

Zip

Zip

02916-

Treasurer Name

City

Street Address

Director Name

Street Address

Rehoboth

City

City

Street Address

E.Providence

Steven Andrade

64 Frances Street

Christopher Andrade

40 Carrie Avenue

State RI

State

MA

State

MA

Zip 02916-

Zip

02769-

Zip

02769-

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

Manuel P. Andrade

Street Address 40 Carrie Avenue

City E. Providence Director Name

**Edward Andrade** Street Address

141 Fairway Drive Attleboro

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

**AUTHORIZED SHARES** 

Number of Shares

600

Common

State

MA

Class/Series

Par Value

02703-

No Par

ISSUED SHARES

Number of Shares

E. Providence

RI

State

02916-

Par Value

1/6/97

Zip

120

Common

Class/Series

No Par

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

File Date: Check No .: 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 Nat all statements contained

Signature of Officer Manuel P. Andrade

Print or Type Name of Officer

President