

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

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

Matthew A. Brown, Secretary of State

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Corporate ID No. 123886		2. Name of Corporation WILLETT AVENUE DONUTS, INC.					
Street Address Principal Bu. 925 Willett Avenu	siness Office		City East Providence	State RI	2φ 02915-0000		
Business Phone No.		5. State of Incorpora	ntion		6. SIC Code 612		
Brief Description of the Cha operation of a don	racter of Business Conducted ut shop	in Rhode Island					
	SSES OF THE OFFICE	RS. ("X" BOX FOR	ATTACHMENT) TILL IN S	PACES BEFORE USIN	G ATTACHMENTS		
esident Name Erica Placido			Vice President Name Lena Placido				
12 Leila Jean Driv	e		Sirect Address 12 Leila Jean Drive				
Bristol	State R1	^{Z(p} 02809 -	Cay Bristol	State RI	^{Zip} 02809-		
Crocary Name Erica Placido			Treasurer Name Denise Nicolace	: Treasurer Name			
reet Address 12 Leila Jean Drive		Street Address 13 Penny Lane					
Bristol	State	^{Zip} 02809-	Giry Bellingham	State MA	^{Zip} 02019-		
	SSES OF THE DIRECT	ORS: ("X" BOX FOR	RATTACHMENT) - FILL IN	SPACES BEFORE USI			
Erica Placido			Director Name Lena Placido				
ren Address 12 Leila Jean Dr	ive		Street Address 12 Leila Jean Drive				
Bristol	State RI	<i>Ζφ</i> 02809 -	City Bristol	State RI	Zip 02809-		
Denise Nicolace	•••••••		Director Name none	••••••			
13 Penny Lane			Street Address none		 .		
Bellingham	State MA	^{2.p} 02019-	City none	State none	Zip none		
	ZED (X BOX FOR A	TTACHMENT)		X" BOX FOR ATTACI	IMENT) [
JTHORIZED SHARES		ISSUED SHARES					
imber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
600	Common	No Par	100	Common	No Par		

File Date - 6 21.05.

Check No. 1486

By: DA

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 companied herein are frue and correct.

Signature of Officer

2/05/05 Date

Potes Disside

Erica Placido

Print or Type Name of Officer

President

Title of Officer

Form 630 Rev. 12/03



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 PILASE RUAD INSERT CHONS

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 123886 WILLETT AVENUE DONUTS, INC. Zip State 3. Street Address Principal Business Office 925 Willett Avenue East Providence RI 02915-0000 6. SIC Code 4. Business Phone No. 5. State of Incorporation RI 612 7. Brief Description of the Character of Business Conducted in Rhode Island operation of a donut shop 8. NAMESIANDAADDRESSESSOF REFE OFFICERSWANDER X SOFF TVACH President Name Carlos Placido Carlos Placido Street Address 12 Leila Jean Drive 12 Leila Jean Drive Z.ip State State City Zip **Bristol** RI 02809-Bristol RI 02809 Treasurer Name Secretary Name Carlos Placido Carlos Placido Street Address Street Address 12 Leila Jean Drive 12 Leila Jean Drive City State City **Bristol** RI 02809-RI **Bristol** 02809-95 NAMES AND Director Name Director Name Carlos Placido none Street Address Street Address 12 Leila Jean Drive none Zip State City City Bristol RI 02809none none none Director Name Director Name none none Street Address Street Address none none State Zip Zip City State none none none none none none 10 SHARES A ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series 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

	1-26-06	g Standard Standards of March
File Date: Check No.:	000818	Control of the Contro
By:	92	

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.

Separthe of Officer Date

Carlos Placido

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

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PLEASE READ INSURECTIONS

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GORM MUST BE TYPED IN RU	ACK)				
I. Corporate ID No.	2. Name of Corpor	ation			
123886	WILLETT	AVENUE DONUTS, INC	Z.		
3. Street Address Principal Busines	s Office	•	City	State	Zip
925 Willett Aven	iue		East Providence	RI	02915
Business Phone No.		5 State of Incorporation			6 SIC Code
		RI			612
7 Brief Description of the Characte		m Rhode Island			
operation of a d	lonut shop				
B. NAMES AND ADDRES President Name	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACE	HMENT) FILL IN SPACES BEI	ORE USING ATTA	CHMENTS
Carlos Placido			Carlos Placido		
12 Leila Jean Dr	tvo				
hy	State	Zip	12 Leila Jean Dri		_
Bristol	RI	02809		State D.T.	7.p
ectetary Name	KI	02009	Bristol Treasurer Name	RI	02809
Carlos Placido			Carlos Placido Street Address		
12 Leila Jean Dr	ive		12 Leilà Jean Dri	ve	
lity	State	Ζιρ	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809
. NAMES AND ADDRES	SES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B	EFORE USING ATT	ACHMENTS
Director Name	·		Director Name		·· · · · · · · · · · · · · · · · · · ·
Carlos Placido			None		
Ireet Address			Street Address		
12 Leila Jean Dr	ive				
lity	State	Zip	City	State	Zip
Bristol	RI	02809			
Director Name		•	Ditector Name		
None			None		
treet Address			Street Address		
ity	State	Zip	City	State	Zip
0. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMEN	T)
UTHORIZED SHARES			ISSUED SHARES		
umber of Shares	Class/Series	Par Vulue	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 .		<u>2/13</u>	103	
Check No :		_0a	1324	
Ву:	_ _		<u>S</u>	
FOR SECRE	TARY OF STA	TE USE ON	.Y	

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.

Sunature of Office My Con it

_.1/6/0<u>3</u>

Date

Carlos Placido

Print or Type Name of Officer

President

Title of Officer

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