



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

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. 123886		2. Name of Corporation WILLETT AVENUE DONUTS, INC.			
3. Street Address Principal Business Office 925 Willett 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 operation of a donut shop					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Erica Placido			Vice President Name Lena Placido		
Street Address 12 Leila Jean Drive			Street Address 12 Leila Jean Drive		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Secretary Name Erica Placido			Treasurer Name Denise Nicolace		
Street Address 12 Leila Jean Drive			Street Address 13 Penny Lane		
City Bristol	State RI	Zip 02809-	City Bellingham	State MA	Zip 02019-
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Erica Placido			Director Name Lena Placido		
Street Address 12 Leila Jean Drive			Street Address 12 Leila Jean Drive		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Director Name Denise Nicolace			Director Name none		
Street Address 13 Penny Lane			Street Address none		
City Bellingham	State MA	Zip 02019-	City none	State none	Zip none
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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

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 contained herein are true and correct.

Erica Placido  
Signature of Officer

2/05/05

Date

Erica Placido

Print or Type Name of Officer

President

Title of Officer



**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>123886</b>		2. Name of Corporation <b>WILLETT AVENUE DONUTS, INC.</b>	
3. Street Address Principal Business Office <b>925 Willett Avenue</b>		City <b>East Providence</b>	State <b>RI</b>
4. Business Phone No.		5. State of Incorporation <b>RI</b>	Zip <b>02915-0000</b>
6. SIC Code <b>612</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>operation of a donut shop</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (If more than 10, attachments) (If less than 10, fill in spaces below using attachments)			
President Name <b>Carlos Placido</b>		Vice President Name <b>Carlos Placido</b>	
Street Address <b>12 Leila Jean Drive</b>		Street Address <b>12 Leila Jean Drive</b>	
City <b>Bristol</b>	State <b>RI</b>	City <b>Bristol</b>	State <b>RI</b>
Zip <b>02809-</b>		Zip <b>02809-</b>	
Secretary Name <b>Carlos Placido</b>		Treasurer Name <b>Carlos Placido</b>	
Street Address <b>12 Leila Jean Drive</b>		Street Address <b>12 Leila Jean Drive</b>	
City <b>Bristol</b>	State <b>RI</b>	City <b>Bristol</b>	State <b>RI</b>
Zip <b>02809-</b>		Zip <b>02809-</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (If more than 10, attachments) (If less than 10, fill in spaces below using attachments)			
Director Name <b>Carlos Placido</b>		Director Name <b>none</b>	
Street Address <b>12 Leila Jean Drive</b>		Street Address <b>none</b>	
City <b>Bristol</b>	State <b>RI</b>	City <b>none</b>	State <b>none</b>
Zip <b>02809-</b>		Zip <b>none</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>	City <b>none</b>	State <b>none</b>
Zip <b>none</b>		Zip <b>none</b>	
10. SHARES AUTHORIZED (If more than 10, attachments) (If less than 10, fill in spaces below using attachments)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>600</b>	<b>Common</b>	<b>100</b>	<b>Common</b>
	<b>No Par</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: 1-26-04  
Check No.: 000828  
By: 92

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 Carlos Placido Date 1/05/04

Print or Type Name of Officer  
**Carlos Placido**  
**President**

Title of Officer  
**5**



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. 123886 2. Name of Corporation WILLETT AVENUE DONUTS, INC.  
3. Street Address Principal Business Office 925 Willett Avenue City East Providence State RI Zip 02915  
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  
operation of a donut shop

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

President Name <u>Carlos Placido</u> Street Address <u>12 Leila Jean Drive</u> City <u>Bristol</u> State <u>RI</u> Zip <u>02809</u>	Vice President Name <u>Carlos Placido</u> Street Address <u>12 Leila Jean Drive</u> City <u>Bristol</u> State <u>RI</u> Zip <u>02809</u>
Secretary Name <u>Carlos Placido</u> Street Address <u>12 Leila Jean Drive</u> City <u>Bristol</u> State <u>RI</u> Zip <u>02809</u>	Treasurer Name <u>Carlos Placido</u> Street Address <u>12 Leila Jean Drive</u> City <u>Bristol</u> State <u>RI</u> Zip <u>02809</u>

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

Director Name <u>Carlos Placido</u> Street Address <u>12 Leila Jean Drive</u> City <u>Bristol</u> State <u>RI</u> Zip <u>02809</u>	Director Name <u>None</u> Street Address _____ City _____ State _____ Zip _____
Director Name <u>None</u> Street Address _____ City _____ State _____ Zip _____	Director Name <u>None</u> Street Address _____ City _____ State _____ Zip _____

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

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

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>No Par</u>

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

File Date 2/12/03  
Check No. 000324  
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] 1/6/03  
Signature of Officer Date

Carlos Placido

Print or Type Name of Officer

President

Title of Officer

2003 5

640 1201