



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

**2005**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 64089		2. Name of Corporation JOHNSTON DONUTS, INC.			
3. Street Address Principal Business Office 1491 Atwood Avenue			City Johnston	State RI	Zip 02919-0000
4. Business Phone No. (401) 273-1180		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>8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Manuel S. Andrade			Vice President Name Jose Dutra		
Street Address 1955 Westminster Street			Street Address 9 St. Andrews Way		
City Providence	State RI	Zip 02909-	City Barrington	State RI	Zip 02806-
Secretary Name John Justo			Treasurer Name John Justo		
Street Address 396 Love Lane			Street Address 396 Love Lane		
City E.Greenwich	State RI	Zip 02818-	City E.Greenwich	State RI	Zip 02818-
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name Manuel S. Andrade			Director Name Jose Dutra		
Street Address 1955 Westminster Street			Street Address 9 St. Andrews Way		
City Providence	State RI	Zip 02909-	City Barrington	State RI	Zip 02806-
Director Name John Justo			Director Name none		
Street Address 396 Love Lane			Street Address none		
City E.Greenwich	State RI	Zip 02818-	City none	State none	Zip none
<b>10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
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

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 S. Andrade* 1/03/05  
Signature of Officer Date

Manuel S. Andrade

Print or Type Name of Officer  
President

Title of Officer

File Date: 2/1/05  
Check No: 12103  
By: DA  
FOR SECRETARY OF STATE USE ONLY



**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. **64089** 2. Name of Corporation **JOHNSTON DONUTS, INC.**

3. Street Address Principal Business Office  
**1491 Atwood Avenue** City **Johnston** State **RI** Zip **02919-0000**

4. Business Phone No. **(401) 273-1180** 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**

<p>President Name <b>Manuel S. Andrade</b></p> <p>Street Address <b>1955 Westminster Street</b></p> <p>City <b>Providence</b> State <b>RI</b> Zip <b>02909-</b></p> <p>Secretary Name <b>John Justo</b></p> <p>Street Address <b>396 Love Lane</b></p> <p>City <b>E.Greenwich</b> State <b>RI</b> Zip <b>02818-</b></p>	<p>Vice President Name <b>Jose Dutra</b></p> <p>Street Address <b>9 St. Andrews Way</b></p> <p>City <b>Barrington</b> State <b>RI</b> Zip <b>02806-</b></p> <p>Treasurer Name <b>John Justo</b></p> <p>Street Address <b>396 Love Lane</b></p> <p>City <b>E.Greenwich</b> State <b>RI</b> Zip <b>02818-</b></p>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS**

<p>Director Name <b>Manuel S. Andrade</b></p> <p>Street Address <b>1955 Westminster Street</b></p> <p>City <b>Providence</b> State <b>RI</b> Zip <b>02909-</b></p> <p>Director Name <b>John Justo</b></p> <p>Street Address <b>396 Love Lane</b></p> <p>City <b>E.Greenwich</b> State <b>RI</b> Zip <b>02818-</b></p>	<p>Director Name <b>Jose Dutra</b></p> <p>Street Address <b>9 St. Andrews Way</b></p> <p>City <b>Barrington</b> State <b>RI</b> Zip <b>02806-</b></p> <p>Director Name <b>none</b></p> <p>Street Address <b>none</b></p> <p>City <b>none</b> State <b>none</b> Zip <b>none</b></p>
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**10. SHARES AUTHORIZED TO BE ISSUED**

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: 1-23-04

Check No.: 4286

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: 1/05/04

Print or Type Name of Officer: Manuel S. Andrade

Title of Officer: President



**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. **64089** 2. Name of Corporation **JOHNSTON DONUTS, INC.**

3. Street Address Principal Business Office **1491 Atwood Avenue** City **Johnston** State **RI** Zip **02919-0000**

4. Business Phone No. **(401) 273-1180** 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 **Manuel S. Andrade**  
Street Address **1955 Westminster Street**  
City **Providence** State **RI** Zip **02909-**

Vice President Name **Jose Dutra**  
Street Address **9 St. Andrews Way**  
City **Barrington** State **RI** Zip **02806-**

Secretary Name **John Justo**  
Street Address **396 Love Lane**  
City **E.Greenwich** State **RI** Zip **02818-**

Treasurer Name **John Justo**  
Street Address **396 Love Lane**  
City **E.Greenwich** State **RI** Zip **02818-**

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

Director Name **Manuel S. Andrade**  
Street Address **1955 Westminster Street**  
City **Providence** State **RI** Zip **02909-**

Director Name **Jose Dutra**  
Street Address **9 St. Andrews Way**  
City **Barrington** State **RI** Zip **02806-**

Director Name **John Justo**  
Street Address **396 Love Lane**  
City **E.Greenwich** State **RI** Zip **02818-**

Director Name **none**  
Street Address **none**  
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

**FILED**

File Date: \_\_\_\_\_

Check No.: **JAN 29 2003**

By: **BV GMA 8659**

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 S. Andrade* 1/28/03 1/06/03  
Signature of Officer Date

**Manuel S. Andrade**

Print or Type Name of Officer

**President**

Title of Officer



**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. **64089**  
2. Name of Corporation **JOHNSTON DONUTS, INC.**  
3. Street Address Principal Business Office  
**1491 Atwood Avenue**  
4. Business Phone No. **(401) 273-1180**  
5. State of Incorporation **RI**

City **Johnston** State **RI** Zip **02919-0000**  
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 **Manuel S. Andrade**  
Street Address **1955 Westminster Street**  
City **Providence** State **RI** Zip **02909-**  
Secretary Name **John Justo**  
Street Address **396 Love Lane**  
City **E.Greenwich** State **RI** Zip **02818-**

Vice President Name **Jose Dutra**  
Street Address **9 St. Andrews Way**  
City **Barrington** State **RI** Zip **02806-**  
Treasurer Name **John Justo**  
Street Address **396 Love Lane**  
City **E.Greenwich** State **RI** Zip **02818-**

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

Director Name **Manuel S. Andrade**  
Street Address **1955 Westminster Street**  
City **Providence** State **RI** Zip **02909-**  
Director Name **John Justo**  
Street Address **396 Love Lane**  
City **E.Greenwich** State **RI** Zip **02818-**

Director Name **Jose Dutra**  
Street Address **9 St. Andrews Way**  
City **Barrington** State **RI** Zip **02806-**  
Director Name **none**  
Street Address **none**  
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: 2/25/02  
Check No.: 6885  
By: [Signature]

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  
**Manuel S. Andrade**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **64089** 2. Name of Corporation **JOHNSTON DONUTS, INC.**  
3. Street Address Principal Business Office **1491 Atwood Avenue** City **Johnston** State **RI** Zip **02919-0000**  
4. Business Phone No. **(401) 273-1180** 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**

<b>President Name</b> <b>Manuel S. Andrade</b> <b>Street Address</b> <b>1955 Westminster Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02909-</b>	<b>Vice President Name</b> <b>Jose Dutra</b> <b>Street Address</b> <b>9 St. Andrews Way</b> City <b>Barrington</b> State <b>RI</b> Zip <b>02806-</b>
<b>Secretary Name</b> <b>John Justo</b> <b>Street Address</b> <b>396 Love Lane</b> City <b>E.Greenwich</b> State <b>RI</b> Zip <b>02818-</b>	<b>Treasurer Name</b> <b>John Justo</b> <b>Street Address</b> <b>396 Love Lane</b> City <b>E.Greenwich</b> State <b>RI</b> Zip <b>02818-</b>

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

<b>Director Name</b> <b>Manuel S. Andrade</b> <b>Street Address</b> <b>1955 Westminster Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02909-</b>	<b>Director Name</b> <b>Jose Dutra</b> <b>Street Address</b> <b>9 St. Andrews Way</b> City <b>Barrington</b> State <b>RI</b> Zip <b>02806-</b>
<b>Director Name</b> <b>John Justo</b> <b>Street Address</b> <b>396 Love Lane</b> City <b>E.Greenwich</b> State <b>RI</b> Zip <b>02818-</b>	<b>Director Name</b> <b>none</b> <b>Street Address</b> <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>100</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: 1/29  
Check No.: 5384  
By: cc

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 S. Andrade 1/2/01  
Signature of Officer Date  
**Manuel S. Andrade**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **64089** 2. Name of Corporation **JOHNSTON DONUTS, INC.**  
3. Street Address Principal Business Office **1491 Atwood Avenue** City **Johnston** State **RI** Zip **02919-0000**  
4. Business Phone No. **(401) 273-1180** 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>Manuel S. Andrade</b>			Vice President Name <b>Jose Dutra</b>		
Street Address <b>1955 Westminster Street</b>			Street Address <b>9 St. Andrews Way</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909-</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806-</b>
Secretary Name <b>John Justo</b>			Treasurer Name <b>John Justo</b>		
Street Address <b>396 Love Lane</b>			Street Address <b>396 Love Lane</b>		
City <b>E.Greenwich</b>	State <b>RI</b>	Zip <b>02818-</b>	City <b>E.Greenwich</b>	State <b>RI</b>	Zip <b>02818-</b>

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

Director Name <b>Manuel S. Andrade</b>			Director Name <b>Jose Dutra</b>		
Street Address <b>1955 Westminster Street</b>			Street Address <b>9 St. Andrews Way</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909-</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806-</b>
Director Name <b>John Justo</b>			Director Name <b>none</b>		
Street Address <b>396 Love Lane</b>			Street Address <b>none</b>		
City <b>E.Greenwich</b>	State <b>RI</b>	Zip <b>02818-</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>100</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

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.

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: Manuel S. Andrade Date: 1/3/00  
Print or Type Name of Officer: Manuel S. Andrade  
Title of Officer: President

**PAID**  
**JAN 18 2000**  
**SECY OF STATE**



**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. **64089**      2. Name of Corporation **JOHNSTON DONUTS, INC.**

3. Street Address Principal Business Office **1491 Atwood Avenue**      City **Johnston**      State **RI**      Zip **02919-0000**

4. Business Phone No. **(401) 273-1180**      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)**

<p>President Name <b>Manuel S. Andrade</b></p> <p>Street Address <b>1955 Westminster Street</b></p> <p>City <b>Providence</b>      State <b>RI</b>      Zip <b>02909-</b></p> <p>Secretary Name <b>John Justo</b></p> <p>Street Address <b>396 Love Lane</b></p> <p>City <b>E.Greenwich</b>      State <b>RI</b>      Zip <b>02818-</b></p>	<p>Vice President Name <b>Jose Dutra</b></p> <p>Street Address <b>9 St. Andrews Way</b></p> <p>City <b>Barrington</b>      State <b>RI</b>      Zip <b>02806-</b></p> <p>Treasurer Name <b>John Justo</b></p> <p>Street Address <b>396 Love Lane</b></p> <p>City <b>E.Greenwich</b>      State <b>RI</b>      Zip <b>02818-</b></p>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

<p>Director Name <b>Manuel S. Andrade</b></p> <p>Street Address <b>1955 Westminster Street</b></p> <p>City <b>Providence</b>      State <b>RI</b>      Zip <b>02909-</b></p> <p>Director Name <b>John Justo</b></p> <p>Street Address <b>396 Love Lane</b></p> <p>City <b>E.Greenwich</b>      State <b>RI</b>      Zip <b>02818-</b></p>	<p>Director Name <b>Jose Dutra</b></p> <p>Street Address <b>9 St. Andrews Way</b></p> <p>City <b>Barrington</b>      State <b>RI</b>      Zip <b>02806-</b></p> <p>Director Name <b>none</b></p> <p>Street Address <b>none</b></p> <p>City <b>none</b>      State <b>none</b>      Zip <b>none</b></p>
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**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>100</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: 1/23/99  
2377  
 Check No.: \_\_\_\_\_  
 By: [Signature]

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]      1/4/99  
 Signature of Officer      Date

**Manuel S. Andrade**  
 Print or Type Name of Officer

\_\_\_\_\_  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64089** 2. Name of Corporation **JOHNSTON DONUTS, INC.**

3. Street Address Principal Business Office **1491 Atwood Avenue** City **Johnston** State **RI** Zip **02919-0000**

4. Business Phone No. **(401) 273-1180** 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 **Manuel S. Andrade**  
Street Address **1955 Westminster Street**  
City **Providence** State **RI** Zip **02909-**

Vice President Name **Jose Dutra**  
Street Address **9 St. Andrews Way**  
City **Barrington** State **RI** Zip **02806-**

Secretary Name **John Justo**  
Street Address **396 Love Lane**  
City **E.Greenwich** State **RI** Zip **02818-**

Treasurer Name **John Justo**  
Street Address **396 Love Lane**  
City **E.Greenwich** State **RI** Zip **02818-**

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

Director Name **Manuel S. Andrade**  
Street Address **1955 Westminster Street**  
City **Providence** State **RI** Zip **02909-**

Director Name **Jose Dutra**  
Street Address **9 St. Andrews Way**  
City **Barrington** State **RI** Zip **02806-**

Director Name **John Justo**  
Street Address **396 Love Lane**  
City **E.Greenwich** State **RI** Zip **02818-**

Director Name **none**  
Street Address **none**  
City **none** State **none** Zip **none**

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

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

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

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: 1-20-98  
Check No.: 1057  
By: [Signature]

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 S. Andrade 1/5/98  
Signature of Officer Date

**Manuel S. Andrade**

Print or Type Name of Officer

**President**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64089** 2. Name of Corporation **JOHNSTON DONUTS, INC.**  
3. Street Address Principal Business Office **1491 Atwood Avenue** City **Johnston** State **RI** Zip **02919-0000**  
4. Business Phone No. **(401) 273-1180** 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 **Manuel S. Andrade**  
Street Address **1955 Westminster Street**  
City **Providence** State **RI** Zip **02909-**  
Secretary Name **John Justo**  
Street Address **396 Love Lane**  
City **E.Greenwich** State **RI** Zip **02818-**

Vice President Name **Jose Dutra**  
Street Address **9 St. Andrews Way**  
City **Barrington** State **RI** Zip **02806-**  
Treasurer Name **John Justo**  
Street Address **396 Love Lane**  
City **E.Greenwich** State **RI** Zip **02818-**

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

Director Name **Manuel S. Andrade**  
Street Address **1955 Westminster Street**  
City **Providence** State **RI** Zip **02909-**  
Director Name **John Justo**  
Street Address **396 Love Lane**  
City **E.Greenwich** State **RI** Zip **02818-**

Director Name **Jose Dutra**  
Street Address **9 St. Andrews Way**  
City **Barrington** State **RI** Zip **02806-**  
Director Name **none**  
Street Address **none**  
City **none** State **none** Zip **none**

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

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

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: 2-11-97  
Check No.: 799  
By: MP

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 S. Andrade Date 1/6/97

Print or Type Name of Officer **Manuel S. Andrade**

Title of Officer **President**

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. **64089** 2. NAME OF CORPORATION **JOHNSTON DONUTS, INC.**

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE  
**1491 Atwood Avenue** CITY **Johnston** STATE **RI** ZIP CODE **02919-**

4. BUSINESS PHONE NO. **(401) 273-1180** 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**

PRESIDENT NAME <b>Manuel S. Andrade</b>			VICE PRESIDENT NAME <b>Jose Dutra</b>		
STREET ADDRESS <b>1955 Westminster Street</b>			STREET ADDRESS <b>9 St. Andrews Way</b>		
CITY <b>Providence</b>	STATE <b>RI</b>	ZIP CODE <b>02909</b>	CITY <b>Barrington</b>	STATE <b>RI</b>	ZIP CODE <b>02806</b>
SECRETARY NAME <b>Carl B. Lisa</b>			TREASURER NAME <b>John Justo</b>		
STREET ADDRESS <b>24 Whispering Pine Terr.</b>			STREET ADDRESS <b>89 Lowell Avenue</b>		
CITY <b>Smithfield</b>	STATE <b>RI</b>	ZIP CODE <b>02917</b>	CITY <b>Providence</b>	STATE <b>RI</b>	ZIP CODE <b>02909</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME <b>Manuel S. Andrade</b>			DIRECTOR NAME <b>Jose Dutra</b>		
STREET ADDRESS <b>1955 Westminster Street</b>			STREET ADDRESS <b>9 St. Andrews Way</b>		
CITY <b>Providence</b>	STATE <b>RI</b>	ZIP CODE <b>02909</b>	CITY <b>Barrington</b>	STATE <b>RI</b>	ZIP CODE <b>02806</b>
DIRECTOR NAME <b>John Justo</b>			DIRECTOR NAME <b>none</b>		
STREET ADDRESS <b>89 Lowell Avenue</b>			STREET ADDRESS <b>none</b>		
CITY <b>Providence</b>	STATE <b>RI</b>	ZIP CODE <b>02909</b>	CITY <b>none</b>	STATE <b>none</b>	ZIP CODE <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
600	Common	No Par	100	Common	No Par

**PLEASE SIGN & DATE**

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.

File Date: **3/1/96**  
Check No: **162**  
By: **CS**

Signature of Officer  
**Manuel S. Andrade**  
Print or Type Name of Officer  
**President**  
Title of Officer  
Date **1/2/96**



**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 64089 Annual Report for the year: 1995

Name of Corporation: JOHNSTON DONUTS, INC.

Business entity organized under the laws of the State of Rhode Island

For foreign entity, address and telephone number of principal office:  
 \_\_\_\_\_  
 \_\_\_\_\_

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

Brief statement of the character of business conducted in Rhode Island:  
to operate a donut franchise

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
1491 Atwood Avenue  
Johnston, RI 02919

Phone: (401) 273-1180

**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Manuel S. Andrade</u>	<u>1955 Westminster St., Prov., RI</u>	<u>RI</u>	
VICE PRESIDENT <u>Jose Dutra</u>	<u>25 Humphrey St., E. Prov., RI</u>	<u>RI</u>	
SECRETARY <u>Carl B. Lisa</u>	<u>24 Whispering Pine Terr, Smtfld, RI</u>	<u>RI</u>	
TREASURER <u>John Justo</u>	<u>89 Lowell Ave., Prov., RI</u>	<u>RI</u>	

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Manuel S. Andrade</u>	<u>1955 Westminster St., Prov., RI</u>	<u>RI</u>	
<u>Jose Dutra</u>	<u>25 Humphrey St., E. Prov., RI</u>	<u>RI</u>	
<u>John Justo</u>	<u>89 Lowell Ave., Prov., RI</u>	<u>RI</u>	

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>600</u>	<u>Common</u>	<u>100</u>	<u>Common</u>

**FILED**

**MAR 01 1995**

CPA 30-2801

Date January 3, 19 95

By: Manuel S. Andrade  
 PRINT OR TYPE NAME OF OFFICER SIGNING President  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Manuel S. Andrade  
1491 Atwood Avenue  
Johnston, RI 02919

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 64089 Annual Report for the year 1994

FIRST: The name of the corporation is JOHNSTON DONUTS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to operate a donut franchise

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1491 Atwood Avenue, Johnston, Rhode Island 02919

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Manuel S. Andrade	Director	1955 Westminster St., Prov., RI
Jose Dutra	Director	25 Humphrey St., E. Prov., RI
John Justo	Director	89 Lowell Ave., Prov., RI
Manuel S. Andrade	President	1955 Westminster St., Prov., RI
Jose Dutra	Vice President	25 Humphrey St., E. Prov., RI
Carl B. Lisa	Secretary	24 Whispering Pine Terr., Smithfld., RI
John Justo	Treasurer	89 Lowell Ave., Prov., RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class
600	Common

Par Value  
or statement that  
shares are without  
par value

No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
100	Common	

Par Value  
or statement that  
shares are without  
par value

No Par Value

Dated January 3, 19 94

JOHNSTON DONUTS, INC.  
(Name of Corporation)

By Manuel S. Andrade  
Manuel S. Andrade, President  
Title

(Report must be signed by an officer)

**FILED**

Series  
FEB 22 1994

BY 264073

ATTACHMENT TO 1994 CORPORATE ANNUAL REPORT

CORPORATE ID #: 64089

Mr. Manuel S. Andrade, President  
JOHNSTON DONUTS, INC.  
1491 Atwood Avenue  
Johnston, Rhode Island 02919

BUSINESS TELEPHONE NUMBER: 751-6688 X

FEDERAL TAXPAYER ID NUMBER: [REDACTED] X

DATE OF ORGANIZATION: April 24, 1991

BUSINESS ENTITY:  BUSINESS CORPORATION  
 PROFESSIONAL SERVICE CORPORATION  
 LIMITED LIABILITY COMPANY

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 64089 Annual Report for the year 1993

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~~1491 Atwood Avenue, Johnston, Rhode Island 02918~~

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

Manuel S. Andrade Director 1955 Westminster St., Prov., RI

Jose Dutra Director 25 Humphrey St., E. Prov., RI

John Justo Director 89 Lowell Ave., Prov., RI

Manuel S. Andrade President 1955 Westminster St., Prov., RI

Jose Dutra Vice President 25 Humphrey St., E. Prov., RI

Carl B. Lisa Secretary 24 Whispering Pine Terr, Smithfld, RI

John Justo Treasurer 89 Lowell Ave., Prov., RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

PAID  
FEB 16 1993  
CLERK OF STATE

Dated January 11, 19 93

JOHNSTON DONUTS, INC.

(Name of Corporation)

By Manuel S. Andrade

Manuel S. Andrade, President

Title

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

Secretary of State

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

CP 24016

Corporate ID 64089

Annual Report for the year 1992

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Jose Dutra	Director	25 Humphrey St., E. Prov., RI
John Justo	Director	89 Lowell Ave., Prov., RI
Manuel S. Andrade	President	1955 Westminster St., Prov., RI
Jose Dutra	Vice President	25 Humphrey St., E. Prov., RI
Carl B. Lisa	Secretary	24 Whispering Pine Terr, Smthfld, RI
John Justo	Treasurer	89 Lowell Ave., Prov., RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class
600	Common

PAID

Par Value  
or statement that  
shares are without  
par value  
No Par Value

FEB 03 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

SEC'Y OF STATE

Par Value  
or statement that  
shares are without  
par value  
No Par Value

Dated January 13, 1992

JOHNSTON DONUTS, INC.

(Name of Corporation)

By   
Manuel S. Andrade, President  
Title

(Report must be signed by an officer)