RI SOS Filing Number: 202187264200 Date: 1/15/2021 4:00:00 PM

FILED

State of Rhode Island
Department of State - Business Services Division

JAN 15 2021 STAMP
BY

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
116381	NEWPORT CEDAR DONUTS, INC.			
3. Principal Office Address		City	State	Zip
105 Cedar Street		Pawtucket	RI	02860-0000
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722513	to operate a donut franchise			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Fernando J. Vieira			Fernando J. Vieira		
Street Address			Street Address		
7 West Butterfly Way			7 West Butterfly Way		
City	State	Zip	City	State	Zip
Lincoln	RI	02865-	Lincoln	RI	02865-
Secretary Name			Treasurer Name		
Fernando J. Vieira			Fernando J. Vieira		
Street Address			Street Address		
7 West Butterfly Way			7 West Butterfly Way		
City	State	Zip	City	State	Zip
Lincoln	RI	02865-	Lincoln	RI	02865-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Fernando J. Vieira			none		
Street Address			Street Address		
7 West Butterfly Way			none		
City	State	Zip	City	State	Zip
Lincoln	RI	02865-	none	none	none
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS-SERIES	PAR VALUE
Changes require an additional filing.	100	Common	No Par

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Name of Authorized Representative		Date
Fernando J. Vieira	President	1/04/2021

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov