

FILED

State of Rhode Island

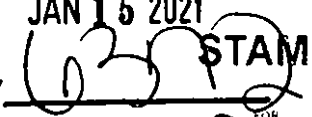
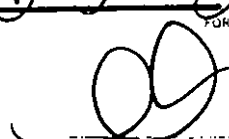
Department of State - Business Services Division

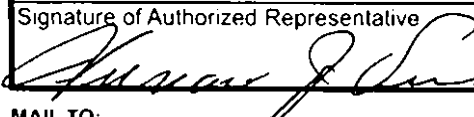
Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

JAN 15 2021
BY  STAMP
FOR 

1. Entity ID Number 116381		2. Exact name of the Corporation NEWPORT CEDAR DONUTS, INC.												
3. Principal Office Address 105 Cedar Street			City Pawtucket		State RI									
					Zip 02860-0000									
4 NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island 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 Fernando J. Vieira			Vice-President Name Fernando J. Vieira											
Street Address 7 West Butterfly Way			Street Address 7 West Butterfly Way											
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-									
Secretary Name Fernando J. Vieira			Treasurer Name Fernando J. Vieira											
Street Address 7 West Butterfly Way			Street Address 7 West Butterfly Way											
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Fernando J. Vieira			Director Name none											
Street Address 7 West Butterfly Way			Street Address none											
City Lincoln	State RI	Zip 02865-	City none	State none	Zip none									
Director Name none			Director Name none											
Street Address none			Street Address none											
City none	State none	Zip none	City none	State none	Zip none									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS-SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS-SERIES	PAR VALUE	100	Common	No Par			
NUMBER OF SHARES	CLASS-SERIES	PAR VALUE												
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 Fernando J. Vieira President				Date 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