RI SOS Filing Number: 202187568100 Date: 1/21/2021 4:00:00 PM

Annu	Department of Sta	vision FILED AMP							
Annual Report for the year: 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 21 2027" BY					
									1. Entit
3. Princ	ncipal Office Address 137 Broadway			City Newport		State RI	l '		
	CS Code 722513 6. Brief description of the character of business conducted in Rhode Island operation of a donut shop e of Incorporation RI								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								attachment 🔲	
President Name Steven Andrade				Vice-President Name Edward Andrade					
Street A	et Address 71 Fairview Avenue				Street Address 141 Fairway Drive				
City	Rehoboth	State MA	Zip 02769-	City Attlel	boro	State MA	Ţ,	Zip 02703-	
Secretary Name Edward Andrade				Treasurer Name Christopher Andrade					
Street A	eet Address 141 Fairway Drive				Street Address 62 Cameron Way				
City	Attleboro	State MA	Zip 02703-	City Rehoboth		State M A	. 7	02769-	
	ALL directors (names and a	ddresses)		<u> </u>		ne box to ir	ndicate ar	attachment 🔲	
Director Name Steven Andrade				Director Name Edward Andrade					
Street A	ddress 71 Fairview Avenue	Street Address 141 Fairway Drive							
City	Rehoboth	State MA	Zip 02769 -	City Attle	boro	State	IA	02703-	
Director	rector Name Christopher Andrade				Oirector Name none				
Street A	eet Address 62 Cameron Way				Street Address none				
City	Rehoboth	State MA	Zip 02769-	City none		State	one	Zip none	
9. Shares Authorized 10. Shares Issue									
This information is currently of record in the Department of State.									
Changes require an additional filing.			115.76		Common	Common		No Par	
	s report must be executed of					ation is in t	he hands	of a receiver or	
Under	, this report must be execut penalty of perjury, I decla	ere and affirm th	at I have examined	l this report, i		panying so	chedules	and	
	ents, and that all statements of Authorized Representative	correct.	rect. Date						
	Steven Andrade	Pres	President		1/04/2021				
Signate	ure of Authorized Represen	tative	,			-			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov