



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation _____

FILED:AMP

JAN 21 2021*

BY 301414

- 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 67245		2. Exact name of the Corporation BROADWAY DONUTS, INC.			
3. Principal Office Address 137 Broadway			City Newport	State RI	Zip 02840-0000
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island operation of a donut shop			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven Andrade			Vice-President Name Edward Andrade		
Street Address 71 Fairview Avenue			Street Address 141 Fairway Drive		
City Rehoboth	State MA	Zip 02769-	City Attleboro	State MA	Zip 02703-
Secretary Name Edward Andrade			Treasurer Name Christopher Andrade		
Street Address 141 Fairway Drive			Street Address 62 Cameron Way		
City Attleboro	State MA	Zip 02703-	City Rehoboth	State MA	Zip 02769-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Steven Andrade			Director Name Edward Andrade		
Street Address 71 Fairview Avenue			Street Address 141 Fairway Drive		
City Rehoboth	State MA	Zip 02769-	City Attleboro	State MA	Zip 02703-
Director Name Christopher Andrade			Director Name none		
Street Address 62 Cameron Way			Street Address none		
City Rehoboth	State MA	Zip 02769-	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			115.76	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. <i>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.</i>					
Name of Authorized Representative Steven Andrade 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