



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.

FILED

JAN 21 2021

STAMP

BY

1118
2021

FOR

1. Entity ID Number 126206		2. Exact name of the Corporation JST DONUTS, INC.			
3. Principal Office Address 37 Academy Avenue			City Bristol	State RI	Zip 02809-0000
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island to operate 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 Fernando R. Ferreira			Vice-President Name Sandra Rupkey		
Street Address 37 Academy Avenue			Street Address 37 Academy Avenue		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Secretary Name Maria Grace Ferreira			Treasurer Name Fernando R. Ferreira		
Street Address 37 Academy Avenue			Street Address 37 Academy Avenue		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Fernando R. Ferreira			Director Name Maria Grace Ferreira		
Street Address 37 Academy Avenue			Street Address 37 Academy Avenue		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
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			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
			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 R. Ferreira President				Date 1/04/2021	
Signature of Authorized Representative <i>Fernando R. Ferreira</i>					

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