



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.

FILING STAMP

JAN 25 2021^{FOR}BY: 2360 OS

1. Entity ID Number 46668		2. Exact name of the Corporation E.P. DONUTS, INC.			
3. Principal Office Address 2371 Pawtucket Avenue			City East Providence	State RI	Zip 02914-0000
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 ☐					
President Name Joseph F. Martins			Vice-President Name Joseph F. Martins		
Street Address 2371 Pawtucket Avenue			Street Address 2371 Pawtucket Avenue		
City East Providence	State RI	Zip 02914-	City East Providence	State RI	Zip 02914-
Secretary Name Carmen M. Arruda			Treasurer Name Joseph F. Martins		
Street Address 2371 Pawtucket Avenue			Street Address 2371 Pawtucket Avenue		
City East Providence	State RI	Zip 02914-	City East Providence	State RI	Zip 02914-
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Joseph F. Martins				Date 1/04/2021	
Signature of Authorized Representative <i>[Signature]</i> Pre.				1-8-21	

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