



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

STAMP

JAN 27 2021

012503

1. Entity ID Number 116380		2. Exact name of the Corporation TORUS GARDEN CITY DONUTS, INC.			
3. Principal Office Address 630 Reservoir Avenue			City Cranston		State RI
					Zip 02910-0000
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 <input type="checkbox"/>					
President Name Norbert J. Zwiener			Vice-President Name George Zwiener		
Street Address 81 Church Street			Street Address 36 Sunset Avenue		
City East Greenwich		State RI	Zip 02818-	City North Kingstown	
				State RI	
				Zip 02852-	
Secretary Name Norbert J. Zwiener			Treasurer Name George Zwiener		
Street Address 81 Church Street			Street Address 36 Sunset Avenue		
City East Greenwich		State RI	Zip 02818-	City North Kingstown	
				State RI	
				Zip 02852-	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Norbert J. Zwiener			Director Name George Zwiener		
Street Address 81 Church Street			Street Address 36 Sunset Avenue		
City East Greenwich		State RI	Zip 02818-	City North Kingstown	
				State RI	
				Zip 02852-	
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 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
			110	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 Norbert J. Zwiener				Date 1/04/2021	
Signature of Authorized Representative <i>Norbert J. Zwiener</i>				<i>1-04-21</i>	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov