



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

FEB 24 2021

BY 1183 DS

- 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 825603		2. Exact name of the Corporation DJB Donuts, Inc.			
3. Principal Office Address 690 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 311812	6. Brief description of the character of business conducted in Rhode Island Donuts and pastry retail sales				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles G. Tsoumakas			Vice-President Name Sheila F. Tsoumakas		
Street Address 1 Alberta Street			Street Address 1 Alberta Street		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name Charles G. Tsoumakas			Treasurer Name Sheila F. Tsoumakas		
Street Address 1 Alberta Street			Street Address 1 Alberta Street		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles G. Tsoumakas			Director Name Sheila F. Tsoumakas		
Street Address 1 Alberta Street			Street Address 1 Alberta Street		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
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 Charles G. Tsoumakas					Date 2/9/21
Signature of Authorized Representative SIGN HERE					

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