RI SOS Filing Number: 202193448890 Date: 3/1/2021 4:00:00 PM

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
MAR 01 2021
BY: 00531735

1. Entity ID Number	2. Exact name of the Corporation			
123886	WILLETT AVENUE DONUTS, INC.			
3. Principal Office Address		City	State	Zip
925 Willett Avenue		East Providence	RI	02915-0000
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722513	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	Street Address	City	State	Zip
Erica Placido-Coelho	12 Leila Jean Drive	Bristol	RI	02809-

Vice-President Name	Street Address	City	State	Zip
Lena Placido	12 Leila Jean Drive	Bristol	RI	02809-

Secretary Name	Street Address	City	State	Zip
Erica Placido-Coelho	12 Leila Jean Drive	Bristol	RI	02809-

Treasurer Name	Street Address	City	State	Zip
Denise Nicolace	14 Pine Acres Drive	Bellingham	MA	02019-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Erica Placido-Coelho	12 Leila Jean Drive	Bristol	RI	02809-

Director Name	Street Address	City	State	Zip
Lena Placido	12 Leila Jean Drive	Bristol	RI	02809-

Director Name	Street Address	City	State	Zip
Denise Nicolace	14 Pine Acres Drive	Bellingham	MA	02019-

Director Name	Street Address	City	State	Zip
none	none	none	none	none

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
104	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		Date
Erica Placido-Coelho	President	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

FORM 630 - Revised: 08/2020