RI SOS Filing Number: 202103600330 Date: 10/21/2021 10:03:00 AM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021 AMENDED

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS DIV.
2021 OCT 21 A 10:03

1. Entity ID Number	2. Exact name of the Corporation			
000038637	Allie's Donuts, Inc.			
3. Principal Office Address: 3661 Quaker Lane	City: North Kingstown	State: RI	Zip: 02852	
4. NAICS Code: 722515	6. Brief description of the character of business conducted in Rhode Island: Coffee and Donut Shop/Bakery			
5. State of Incorporation: RHODE ISLAND				

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

President Name	Walter O. Drescher, Jr.			Vice-President Name	Anne R. Drescher		
Street Address	272 Waterview Drive			Street Address	272 Waterview Drive		
City	Polk City	State: FL	Zip: 33868	City	Polk City	State: FL	Zip: 33868
Secretary Name	Walter O. Drescher, Jr.			Treasurer Name	Anne R. Drescher		
Street Address	272 Waterview Drive			Street Address	272 Waterview Drive		
City	Polk City	State: FL	Zip: 33868	City	Polk City	State: FL	Zip: 33868

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

Director Name	Walter O. Drescher, Jr.			Director Name	Anne R. Drescher		
Street Address	272 Waterview Drive			Street Address	272 Waterview Drive		
City	Polk City	State: FL	Zip: 33868	City	Polk City	State: FL	Zip: 33868
Director Name				Director Name			
Street Address				Street Address			
City		State:	Zip:	City		State:	Zip:

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
2.00	Common	$0.000

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
Walter O. Drescher, Jr., President	October 20, 2021

Signature of Authorized Representative: Walter O Drescher Jr as Pres

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10:03
BY

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

State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

October 21, 2021 10:03 AM

Nellie M. Gorbea
Secretary of State