



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021 AMENDED  
Corporation

STAMP

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

RECEIVED  
 FOR  
 DEPT. OF STATE  
 BUS SVCS DIV  
 2021 OCT 21 A 10:02  
 RI 02852

1. Entity ID Number <b>000038637</b>	2. Exact name of the Corporation <b>Allie's Donuts, Inc.</b>
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3. Principal Office Address 3661 Quaker Lane	City North Kingstown	State RI	Zip 02852
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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	City Polk City
State FL	State FL
Zip 33868	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	City Polk City
State FL	State FL
Zip 33868	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	City Polk City
State FL	State FL
Zip 33868	Zip 33868

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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 VAL./UF
	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 Walter O. Drescher, Jr., President	Date October 20, 2021
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Signature of Authorized Representative <i>Walter O Drescher Jr as Pres</i>	<b>FILED</b> OCT 21 2021 10:03
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MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov