RI SOS Filing Number: 202326295210 Date: 1/20/2023 4:00:00 PM



## State of Rhode Island Department of State - Business Services Division

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FILED, A

Annual Report for the year:

Corporation

<del>2023</del>

JAN 20 2023

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

<u> </u>									<del></del>	
1. Entity ID Number	2. Exact name of the Corporation									
89076	CENTRA	L AVENUI	E DON	UTS, I	INC.					
3. Principal Office Address				City			State		Zip	
1113 Central Avenue					Pawtuc		RI		02861-0000	
4. NAICS Code	6. Brief descrip	tion of the ch	naracter	of bus	iness conduc	ted in Rhode Isl	and			
722513	722513 to operate a donut shop									
5. State of Incorporation	1									
RI										
7. List ALL officers (names and add	iresses)			1			ne box to in	dicate a	n attachment 🔲	
President Name Steven Andrade				Vice-President Name Edward Andrade						
Street Address				Street Address						
71 Fairview Avenue				141 Fairway Drive						
City Rehoboth	State MA	Zip <b>027</b>	69-	City	Attleboro		StateMA		Zip <b>02703-</b>	
Secretary Name Edward Andrade					Treasurer Name Christopher Andrade					
Street Address 141 Fairway Drive				Street Address 62 Cameron Way						
City Attleboro	State MA	Zip <b>0270</b>	3-	City	Rehoboth		Sta <b>M</b> A		<del>202</del> 769-	
8. List ALL directors (names and ac	ddresses)					Check t	ne box to in	dicate a	In attachment	
Director Name Steven Andrade	<b>-</b>			Direct	ŒNW¥rd An				<del>-</del>	
Street Address 71 Fairview Avenue				Street निर्म क्वांrway Drive						
City Rehoboth	State MA	Zip 027	769-	City	Attleboro	· <u>- ··</u>	State MA		Zıp <b>02703-</b>	
Director Name Christopher Andrad		Directon du ene								
Street Address 62 Cameron Way					Street Automess					
City Rehoboth	State MA	Zip <b>02</b>	769-	City	none		State	)¢	<b>none</b> Zip	
9. Shares Authorized	<u> </u>	10. Share	se leeus	<u>d</u>		Chook	he hov to in	dicata	n attachment 🗖	
This information is currently of reco	rd in the		BER OF SH				IN DOX TO IU		n attachment   PAR VALUE	
Department of State.		120				No P				
Changes require an additional filing.	-									
44 This seemed in the	1 1/ 2									
<ol> <li>This report must be executed of trustee, this report must be executed</li> </ol>							ation is in th	ne hand	s of a receiver or	
Under penalty of perjury, I declar	re and affirm th	at I have ex	amined	this r	eport, includ	ling anv accom	panyina sc	hedule	s and	
statements, and that all stateme	nts contained h									
Name of Authorized Representative		President				Date 1/04/2023				
Steven Andrade			Ligarin							
Signature of Authorized Representative										
56 Deer Co										

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: 11/2021