RI SOS Filing Number: 202326991310 Date: 1/25/2023 4:00:00 PM

State of Rhode Island

**Department of State - Business Services Division**

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JAN 25 2023

BY 013075

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**Annual Report for the year:**

**Corporation : 2023**

→ Filing period: February 1 - May 1

→ Filing Fee: $50.00

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

| 1. Entity ID Number | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 74459 | LEITE DONUTS, INC. | | | |
| 3. Principal Office Address | | City | State | Zip |
| 78 West Main Road | | Middletown | RI | 02840-0000 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 722513 | to operate a donut franchise | | | |
| 5. State of Incorporation | | | | |
| RI | | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: Valdemar Leite | | | Vice-President Name: Valdemar Leite | | |
| Street Address: 48 Sycamore Lane | | | Street Address: 48 Sycamore Lane | | |
| City: North Kingstown | State: RI | Zip: 02874- | City: North Kingstown | State: RI | Zip: 02874- |
| Secretary Name: Valdemar Leite | | | Treasurer Name: Valdemar Leite | | |
| Street Address: 48 Sycamore Lane | | | Street Address: 48 Sycamore Lane | | |
| City: North Kingstown | State: RI | Zip: 02874- | City: North Kingstown | State: RI | Zip: 02874- |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Valdemar Leite | | | Director Name: none | | |
| Street Address: 48 Sycamore Lane | | | Street Address: none | | |
| City: North Kingstown | State: RI | Zip: 02874- | City: none | State: none | Zip: none |
| Director Name: none | | | Director Name: none | | |
| Street Address: none | | | Street Address: none | | |
| City: none | State: none | Zip: none | City: none | State: none | Zip: none |

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 100 | 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 |
|---|---|---|
| Valdemar Leite | President | 1/04/2023 |

Signature of Authorized Representative

Valdemar Leite

**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**