



State of Rhode Island

## Department of State - Business Services Division

## 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.

STAMP

FILED

JAN 25 2023

BY

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1. Entity ID Number <b>74459</b>		2. Exact name of the Corporation <b>LEITE DONUTS, INC.</b>												
3. Principal Office Address <b>78 West Main Road</b>			City <b>Middletown</b>	State <b>RI</b>	Zip <b>02840-0000</b>									
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>to operate a donut franchise</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Valdemar Leite</b>			Vice-President Name <b>Valdemar Leite</b>											
Street Address <b>48 Sycamore Lane</b>			Street Address <b>48 Sycamore Lane</b>											
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02874-</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02874-</b>									
Secretary Name <b>Valdemar Leite</b>			Treasurer Name <b>Valdemar Leite</b>											
Street Address <b>48 Sycamore Lane</b>			Street Address <b>48 Sycamore Lane</b>											
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02874-</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02874-</b>									
8. List ALL directors (names and addresses) <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Valdemar Leite</b>			Director Name <b>none</b>											
Street Address <b>48 Sycamore Lane</b>			Street Address <b>none</b>											
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02874-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>									
Director Name <b>none</b>			Director Name <b>none</b>											
Street Address <b>none</b>			Street Address <b>none</b>											
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> <tr> <td style="text-align:center;"><b>100</b></td> <td style="text-align:center;"><b>Common</b></td> <td style="text-align:center;"><b>No Par</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common</b>	<b>No Par</b>			
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<b>100</b>	<b>Common</b>	<b>No Par</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>Valdemar Leite</b>			Date <b>1/04/2023</b>											
Signature of Authorized Representative 														