



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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2023 DEC 28 A 11:45

- 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 <u>001720474</u>		2. Exact name of the Corporation <u>RE HOMEMADE DONUTS</u>	
3. Principal Office Address <u>265 PROVIDENCE STREET</u>		City <u>WEST WARWICK</u>	State <u>RI</u>
4. NAICS Code <u>722511</u>		6. Brief description of the character of business conducted in Rhode Island <u>DONUT SHOP</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>SOPHAL CHENG</u>		Vice-President Name	
Street Address <u>265 PROVIDENCE STREET</u>		Street Address	
City <u>WEST WARWICK</u>	State <u>RI</u>	City	State
Zip <u>02893</u>		Zip	
Secretary Name <u>SAME</u>		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>SOPHAL CHENG</u>		Director Name	
Street Address <u>265 PROVIDENCE STREET</u>		Street Address	
City <u>WEST WARWICK</u>	State <u>RI</u>	City	State
Zip <u>02893</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>A</u>
Changes require an additional filing.		PAR VALUE <u>0.00</u>	
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 <u>LOUIS A. GABRIELE JR</u>		Date <u>12/28/23</u>	
Signature of Authorized Representative <u>[Signature]</u>		DEC 28 2023	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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