RI SOS Filing Number: 202443946640 Date: 1/12/2024 4:00:00 PM

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

Annual Report for the year:	2024			
Corporation				

→ Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Screen Additional \$25.00 fee if form is not filed by May 31.

FILEU
JAN 1 2 2024 STAIVIP
BY

Entity ID Number		2. Exact name of the Corporation							
141895	TORUS P.	TORUS PARK AVE., INC.							
3. Principal Office Address 1111 Park Avenue			City Cranste	on	State RI		Zip 02910-000		
4. NAICS Code 722513 5. State of Incorporation		6. Brief description of the character of business conducted in Rhode Island to operate a donut franchise							
RI									
7. List ALL officers (names and	d addresses)			Check the bo	ox to indica	ate an atta	chment 🗆		
President Name				Vice-President Name George Zwiener					
Street Address	George Zwiener								
Street Address 36 Sunset Avenue			- w · · · ·	Street Address 36 Sunset Avenue					
City	State	Zip	City		State		Zip		
Saunderstown	Ri	02874-		Saunderstown		RI 02874-			
Secretary Name		•		Treasurer Name					
George Zwiener	George Zwiener			e Zwiener					
Street Address 36 Sunset Avenue				Street Address 36 Sunset Avenue					
City Saunderstown	State RI	Zip 02874-	City Saund	City Saunderstown			Zip 02874-		
8. List ALL directors (names a	nd <u>addresses)</u>			Check the b	ox to indica	ate an atta	chment 🔲		
Director Name			I	Director Name					
George Zwiener Street Address		Street Addr	voce.						
36 Sunset Avenue				E33	State				
City Saunderstown	State RI	Zip 02874-	City none	_ ·		e	Zip none		
Director Name none				Director Name					
Street Address			Street Addr	ress					
none			none						
City none	State none	Z _I p none	City none	lity		e	Zip none		
9. Shares Authorized		10. Shares I		Check the box to indicate an attachment					
This information is currently of Department of State.	record in the	NUMBER	OF SHARES	CLASS/SERIE	ASS/SERIES PAR VALUE				
Changes require an additional filing.		100		Common	No		ar ———		
11. This report must be execut	ted on hehalf of the	comoration by ar	authorized ren	resentative. If the corn	ration is in	the hand	s of a re-		
ceiver or trustee, this report m					- unortio III				
Under penalty of perjury, I d					npanying	schedule	s and		
statements, and that all state		i herein are true a	and correct.		In-				
Name of Authorized Representative George Zwiener President				Date January 2, 2024					
Signature of Authorized Repre	esentative								

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.n.gov