



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

JAN 16 2024
11067 02

Annual Report for the year: 2024
Corporation _____

- 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 62668		2. Exact name of the Corporation WOONSOCKET DONUTS, INC.			
3. Principal Office Address 308 Cumberland Street			City Woonsocket	State RI	Zip 02895-000
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island to operate a donut franchise			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Abilio Raposo			Vice-President Name Joseph Lima		
Street Address 52 Rosewood Lane			Street Address 309 Little Pond County Road		
City N.Attleboro	State MA	Zip 02763-	City Cumberland	State RI	Zip 02864-
Secretary Name Joseph Lima			Treasurer Name Abilio Raposo		
Street Address 309 Little Pond County Road			Street Address 52 Rosewood Lane		
City Cumberland	State RI	Zip 02864-	City N.Attleboro	State MA	Zip 02763-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Abilio Raposo			Director Name Joseph Lima		
Street Address 52 Rosewood Lane			Street Address 309 Little Pond County Road		
City N.Attleboro	State MA	Zip 02763-	City Cumberland	State RI	Zip 02864-
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		200		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 Abilio Raposo President				Date January 2, 2024	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov