



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation _____

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RI DEPT. OF STATE
BUS SERVICES DIV.

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

2024 JAN 26 A 9:42

1. Entity ID Number 116383		2. Exact name of the Corporation NEWPORT 223 DONUTS, INC.			
3. Principal Office Address 223 Newport Avenue		City East Providence		State RI	Zip 02915-0000
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 Fernando J. Vieira			Vice-President Name Fernando J. Vieira		
Street Address 7 West Butterfly Way			Street Address 7 West Butterfly Way		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
Secretary Name Fernando J. Vieira			Treasurer Name Fernando J. Vieira		
Street Address 7 West Butterfly Way			Street Address 7 West Butterfly Way		
City Lincoln	State RI	Zip 02865-	City Lincoln	State RI	Zip 02865-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Fernando J. Vieira			Director Name none		
Street Address 7 West Butterfly Way			Street Address none		
City Lincoln	State RI	Zip 02865-	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			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 Fernando J. Vieira President				Date January 2, 2024	
Signature of Authorized Representative 					

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

FILED 943
JAN 26 2024
BY H GARK