



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Corporation

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

FILED

JAN 26 2024

BY 11175  
00

1. Entity ID Number 126206		2. Exact name of the Corporation JST DONUTS, INC.	
3. Principal Office Address 37 Academy Avenue		City Bristol	State RI
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island to operate donut shop	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President: Fernando R. Ferreira		Vice President: Sandra Runkey	
Street Address: 37 Academy Avenue		Street Address: 37 Academy Avenue	
City: Bristol	State: RI	City: Bristol	State: RI
Zip: 02809		Zip: 02809	
Secretary: Maria Grace Ferreira		Treasurer: Fernando R. Ferreira	
Street Address: 37 Academy Avenue		Street Address: 37 Academy Avenue	
City: Bristol	State: RI	City: Bristol	State: RI
Zip: 02809		Zip: 02809	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director: Fernando R. Ferreira		Director: Maria Grace Ferreira	
Street Address: 37 Academy Avenue		Street Address: 37 Academy Avenue	
City: Bristol	State: RI	City: Bristol	State: RI
Zip: 02809		Zip: 02809	
Director: none		Director: none	
Street Address: none		Street Address: none	
City: none	State: none	City: none	State: none
Zip: none		Zip: none	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
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. <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  Fernando R. Ferreira		Date  1/04/2024	
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