



State of Rhode Island  
Department of State - Business Services Division

**FILED**

JAN 26 2024

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.

1. Entity ID Number <b>0015</b>		2. Filing Period <b>2024</b>		3. Principal Office Address <b>800 Post Road</b>		City <b>Warwick</b>		State <b>RI</b>		Zip <b>02888-0000</b>	
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>to operate donut shop</b>									
5. State of Incorporation <b>RI</b>											
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
President <b>Fernando R. Ferreira</b>						Vice President Name <b>Fernando R. Ferreira</b>					
Street Address <b>37 Academy Avenue</b>						Street Address <b>37 Academy Avenue</b>					
City <b>Bristol</b>		State <b>RI</b>		Zip <b>02809</b>		City <b>Bristol</b>		State <b>RI</b>		Zip <b>02809</b>	
Secretary <b>Fernando R. Ferreira</b>						Treasurer Name <b>Sandra Rupkey</b>					
Street Address <b>37 Academy Avenue</b>						Street Address <b>37 Academy Avenue</b>					
City <b>Bristol</b>		State <b>RI</b>		Zip <b>02809</b>		City <b>Bristol</b>		State <b>RI</b>		Zip <b>02809</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
Director <b>Fernando R. Ferreira</b>						Director Name <b>Maria Grace Ferreira</b>					
Street Address <b>37 Academy Avenue</b>						Street Address <b>37 Academy Avenue</b>					
City <b>Bristol</b>		State <b>RI</b>		Zip <b>02809</b>		City <b>Bristol</b>		State <b>RI</b>		Zip <b>02809</b>	
Director <b>none</b>						Director Name <b>none</b>					
Street Address <b>none</b>						Street Address <b>none</b>					
City <b>none</b>		State <b>none</b>		Zip <b>none</b>		City <b>none</b>		State <b>none</b>		Zip <b>none</b>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.						10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
						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 <b>Fernando R. Ferreira</b>						Date <b>1/04/2024</b>					
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

FORM 630- Revised: 04/2023