



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

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 30 2024

BY 6522

1. Entity ID Number 123886		2. Exact name of the Corporation WILLETT AVENUE DONUTS, INC.			
3. Principal Office Address 925 Willett Avenue		City East Providence		State RI	Zip 02915-000
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island operation of a donut shop				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Erica Placido-Coelho			Vice-President Name Lena Placido		
Street Address 12 Leila Jean Drive			Street Address 12 Leila Jean Drive		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Secretary Name Erica Placido-Coelho			Treasurer Name Denise Nicolace		
Street Address 12 Leila Jean Drive			Street Address 14 Pine Acres Drive		
City Bristol	State RI	Zip 02809-	City Bellingham	State MA	Zip 02019-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Erica Placido-Coelho			Director Name Lena Placido		
Street Address 12 Leila Jean Drive			Street Address 12 Leila Jean Drive		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Director Name Denise Nicolace			Director Name none		
Street Address 14 Pine Acres Drive			Street Address none		
City Bellingham	State MA	Zip 02019-	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		
			104		
			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 Erica Placido-Coelho				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