



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 11803

1. Entity ID Number 117066		2. Exact name of the Corporation KANSAS DONUTS, INC.			
3. Principal Office Address 12 Leila Jean Drive		City Bristol		State RI	Zip 02809-0000
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island operation of 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 Neal Faulkner			Vice-President Name Antonio S. Placido		
Street Address 676 Tremont Street			Street Address 12 Leila Jean Drive		
City Boston	State MA	Zip 02118-	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 Antonio S. Placido			Director Name Neal Faulkner		
Street Address 12 Leila Jean Drive			Street Address 676 Tremont Street		
City Bristol	State RI	Zip 02809-	City Boston	State MA	Zip 02118-
Director Name Erica Placido-Coelho			Director 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-
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 Neal Faulkner Signature of Authorized Representative				Date January 2, 2024	

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