



State of Rhode Island
 Department of State - Business Services Division

JAN 23 2024
 01359412

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 74459		2. Exact name of the Corporation LEITE DONUTS, INC.	
3. Principal Office Address 78 West Main Road		City Middletown	State RI
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 Valdemar Leite		Vice President Name	
Street Address 48 Sycamore Lane		Street Address 48 Sycamore Lane	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02874		Zip 02874	
Secretary Name Valdemar Leite		Treasurer Name Valdemar Leite	
Street Address 48 Sycamore Lane		Street Address 48 Sycamore Lane	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02874		Zip 02874	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Valdemar Leite		Director Name	
Street Address 48 Sycamore Lane		Street Address	
City North Kingstown	State RI	City none	State none
Zip 02874		Zip none	
Director Name		Director Name	
Street Address		Street Address	
City none	State none	City none	State none
Zip 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
		100	Common
			PAR VALUE
			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 Valdemar Leite President			Date 1/04/2024
Signature of Authorized Representative 			

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov