



State of Rhode Island
Department of State - Business Services Division

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.

FILED

FEB 22 2024

BY

47442
42148

1. Entity ID Number 133108		2. Exact name of the Corporation CALF DONUTS, INC.	
3. Principal Office Address 1245 North Main Street		City Providence	State RI
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 Alfredo Andrade		Vice President Name Maria Andrade	
Street Address 19 Jakes Junction		Street Address 19 Jakes Junction	
City Attleboro	State MA	City Attleboro	State MA
Secretary Name Dorothy Andrade		Treasurer Name Maria Andrade	
Street Address 19 Jakes Junction		Street Address 19 Jakes Junction	
City Attleboro	State MA	City Attleboro	State MA
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Alfredo Andrade		Director Name Maria Andrade	
Street Address 19 Jakes Junction		Street Address 19 Jakes Junction	
City Attleboro	State MA	City Attleboro	State MA
Director Name Brian Andrade		Director Name Dorothy Andrade	
Street Address 19 Jakes Junction		Street Address 19 Jakes Junction	
City Attleboro	State MA	City Attleboro	State MA
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	
		CLASS/SERIALS 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 Alfredo Andrade		Date 1/04/2024	
Signature of Authorized Representative Alfredo Andrade		President	

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