RI SOS Filing Number: 202447127180 Date: 2/22/2024 4:00:00 PM

State of Rh Departme	· · · · · · · · · · · · · · · · · · ·	inace Sarvica	e Division				
Department of State - Business Services Division Annual Report for the year:					FILED		
Corporation ————————————————————————————————————					FEB 2 2 2024		
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00				BY 1/50311			
Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation					· 	<u> </u>	
128352		CRANSTONDO	68uts, inc.	·			
3. Principal Office Address 552-554 Cranston Street			City Prov	City Providence Scate 02987-0000			
4. NAICS Code	6. Brief des	Brief description of the character of busines			Island		
722513	peration o	6. Brief description of the character of business conducted in Rhode Island peration of a donut shop					
5. State of Incorporation RI	1						
7. List ALL officers (nam	nes and addresses)			Charletta I			
President Name Alfredo Andrade		Check the box to indicate an attachment VBrittes/ctadmare					
Street Address 19 Jakes Junction			Streps Andre	Streps Artices Junction			
City Attleboro	™ a k e	202703-	CityAttlebo	70	State	02703- Zip	
Secretary Name Andrad	le	TiMaria Au	Tivisaria Andrade				
Street Address 19 Jakes Junct	ion	Stre p9 A Juda	Strep9Allatess Junction				
City Attleboro	Male	2703-	CAttleboro	,	State	02703. Zip	
8. List ALL directors (nar	mes and addresses)			Check the t	oox to indicat	e an attachment	
Director Name Alfredo Andrade	e .	Di Maania lahi	ndrade				
Street Address 19 Jakes Junction			SteeptyAddes	Street Saldens sunction			
City Attleboro	St ## A	202703-	City ttlebore		State	- 02703- Zip	
Director Name Brian Andrade		Di Bern Nay n	Di Desontan Andrade				
Street Address 19 Jakes Junctio	ın	Strppt Astrices	Junction				
Attleboro	SMIA	Z 62703 -	CitAttlebor	Ō	State	2703 -	
9. Shares Authorized This information is curren	10. Shares Is:	Shares Issued Check NUMBER OF SHARES CLASS:		box to indicat	te an attachment		
This information is currently of record in the Department of State.			DE SHARES	CLASS/SFRIE Common			
Changes require an additional filing.		100	100				
11. This report must be e	executed on behalf of the	corporation by an	authorized repre	sentative. If the corpo	oration is in the	he hands of a re-	
server or trustee, trus rep	iori musi de executea on	i beball of the corno	oration by the rec	calver or tructon			
Under penalty of perjur statements, and that all	i statements contained	that i nave examin I herein are true ai	nea tnis report, i nd correct.	including any accor	npanying so	hedules and	
ame of Authorized Representative				Date			
Alfredo Andrade	<u>-</u>	Presi	President		1/04/2024		
Signature of Authorized F	Representative						
7 0 10 10 10 10 10 10 10 10 10 10 10 10 1							

MAIL TO

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov