



State of Rhode Island
Department of State - Business Services Division

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 L/S 03119

1. Entity ID Number 128352		2. Exact name of the Corporation ANDRADE CRANSTON DONUTS, INC.	
3. Principal Office Address 552-554 Cranston 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
Zip 01703-		Zip 02703-	
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
Zip 02703-		Zip 02703-	
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
Zip 02703-		Zip 02703-	
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
Zip 02703-		Zip 02703-	
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	CLASS/SERIES
		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 Alfredo Andrade		Date 1/04/2024	
Signature of Authorized Representative <i>Alfredo Andrade</i>		President	

MAIL TO:

Division of Business Services

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

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