



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
25 APR 14 AM 10:28:37

1. Entity ID Number 43445		2. Exact name of the Corporation F & C DONUTS, INC.			
3. Principal Office Address 900 CRANSTON STREET			City CRANSTON	State RI	Zip 02920
4. NAICS Code 445291		6. Brief description of the character of business conducted in Rhode Island Management and operation of a donut shop			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fatima Dutra			Vice-President Name Fatima Dutra		
Street Address 199 Rumstick Road			Street Address 199 Rumstick Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Fatima Dutra			Treasurer Name Fatima Dutra		
Street Address 199 Rumstick Road			Street Address 199 Rumstick Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Fatima Dutra			Director Name		
Street Address 199 Rumstick Road			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 400	CLASS/SERIES Common	PAR VALUE No
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 Fatima Dutra, President				Date 4/7/25	
Signature of Authorized Representative <i>Fatima Dutra</i> 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

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BY 10842

FORM 630 - Revised: 11/2021