

REC'D RIDGERS BSO
25 MAY 30 PM 3:38:34State of Rhode Island
Department of State - Business Services Division

STAMP

FOR
STATE
USE ONLY

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.

1. Entity ID Number 000141661		2. Exact name of the Corporation EVIL DONUT SAILS, INC	
3. Principal Office Address 23 JOHNNY CAKE HILL ROAD		City MIDDLETOWN	State RI
		Zip 02842	
4. NAICS Code 314910	6. Brief description of the character of business conducted in Rhode Island THE MANUFACTURING, REPAIR, AND SALE OF BOAT SAILS		
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 ROBERT J. MACMILLAN		Vice-President Name ROBERT J. MACMILLAN	
Street Address 23 JOHNNYCAKE HILL		Street Address 23 JOHNNYCAKE HILL	
City MIDDLETOWN	State RI	City MIDDLETOWN	State RI
Zip 02842		Zip 02842	
Secretary Name ROBERT J. MACMILLAN		Treasurer Name ROBERT J. MACMILLAN	
Street Address 23 JOHNNYCAKE HILL		Street Address 23 JOHNNYCAKE HILL	
City MIDDLETOWN	State RI	City MIDDLETOWN	State RI
Zip 02842		Zip 02842	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name ROBERT J. MACMILLAN		Director Name	
Street Address 23 JOHNNYCAKE HILL		Street Address	
City MIDDLETOWN	State RI	City	State
Zip 02842		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		500	CNP
			.00000
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 ROBERT J. MACMILLAN			Date 5/14/25
Signature of Authorized Representative			

FILED

MAY 30 2025

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY LKS 2856 FORM 630- Revised 12/2023