

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, Rt 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150) within the composition of the composit

subject to a penalty fee of \$25.0	0.		the state of the s	ys after the time prescribed by taw	(K.1.G.L. /-1.2-1501(c&d)) i
1. Corporate ID No. 76429	2. Name of Corporation River Donuts, I	ame of Corporation eer Donuts, Inc.			
3. Street Address Principal Business Office 251 Smith Street			City Providence	State Rhode Island	Zip 02908
4. Business Phone No. 401-272-9773  5. State of Incorporation, Rhode Island			Tulode Island	102908	
6. Brief Description of the Chara Operation of a Doughnu	acter of Business Conducted in ut Shop				
	•	S: ("X" BOX FOR ATT	ACHMENT)   FILL IN S	PACES REFORE USING A	TTACUMENTE
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT. President Name Daniel B. DelPrete			Vice President Name  James T. Lynch		
Street Address 105 Teahouse Lane			Street Address One Signal Ridge Way		
Warwick	State Rhode Island	<sup>Zip</sup> 02889	City East Greenwich	State Rhode Island	Zip 02818
Secretary Name Daniel B. DelPrete			Treasurer Name		
Street Address 105 Teahouse Lane			Street Address		
City	State	Zip	Citr	State	1.0.
Warwick	Rhode Island	02889	<b>:</b>		Zip
Director Name	SES OF THE DIRECTO	RS: ("X" BOX FOR AT	: TACHMENT)	SPACES BEFORE USING	ATTACHMENTS
treet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
). SHARES AUTHORIZED	) I	!	10. SHARES ISSUED (	("X" BOX FOR ATTACHM	VENT)
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECT Number of Shares	TION MUST BE COMPLETED  Class/Series	Par Value
					rui vaine
					<del>-  </del>
This report must be execut	ted on behalf of the corp	poration by an authorize	ed representative. If the cor	moration is in the hunds of	
his report must be execute	ed on behalf of the corp	oration by the receiver	or trustee.	posacion is in the hallds of	a receiver or trustee,
<del></del>			Under penalty of per	jury, I declare and affirm that	I have examined this report
FILE	1	]	including any accom	panying schedules/and statem	ents, and that all statement
File Date				1.6	21/6/09
Check No. FEB 2 4 21	UU9		Signature		Date
By 36699			James T. Lynch Prou of Type Name		
FOR SECRETARY OF STATE USE ONLY			Vice Presiden	<u> </u>	
		I	Title		<u> </u>