

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 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. 7-1.2-1501(codd)) is subject to a penalty fee of \$25,00.

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1. Corporate ID No. 4896	2. Name of Corp SMITH ST	of Corporation H STREET DONUTS, INC.							
3. Street Address Principal Business Office 251 SMITH STREET			PROVIDENCE	State RI	<sup>Zip</sup> 02908				
6. Business Phone No. 5. State of Incorporation RHODE ISLAND									
6. Brief Description of the Chara	cter of Business Condu	cted in Rhode Island			<u> </u>				
JNAMES AND ADDRES President Name	SES OF THE OFFI	CERS: ("X" BOX FOR ATTA	ACHMENT) [ FILL IN SPA	CES BEFORE USING	ATTACHMENTS				
DANIEL B. DEL PRETE			Vice President Name JAMES T. LYNCH						
Street Address 105 TEAHOUSE LANE			Street Address ONE SIGNAL RIDGE WAY						
WARWICK	State RI	<sup>Ζφ</sup> 02889	City EAST GREENWICH	State RI	Zip 02818				
Secretary Name DANIEL B. DEL PRETE			Treasurer Name DANIEL B. DEL PRETE						
Street Address 105 TEAHOUSE LANE			Street Address 105 TEAHOUSE LANE						
City WARWICK	State RI	<sup>Zip</sup> 02889	Gity WARWICK	State RI	Zip 02889				
8. NAMES AND ADDRESS Director Name DANIEL B. DEL PRET		CTORS: ("X" BOX FOR ATT	TACHMENT)   FILL IN SP	ACES BEFORE USIN	G ATTACHMENTS				
Street Address 105 TEAHOUSE LANE			Street Address						
City	State	Zip	City	State	Zip				
WARWICK Director Name	]Ri	02889							
nrector Name			Director Name						
Street Address			Street Address						
City	State	Z.ip	City	State	Zip				
). SHARES AUTHORIZED			10. SHARES ISSUED (**A	  " <b>BOX FOR ATTACE</b>  N MUST BE COMPLETED	EMENT)				
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.			Number of Shares	Class/Series	Par Value				
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			V 194	eg again to the second					
This report must be execut	ed on behalf of the	corporation by an authorize	d representative. If the corpo	ration is in the hands	of a receiver on the				
his report must be execute	d on behalf of the	corporation by the receiver of	or trustee.	mand.	or a receiver or musice,				

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Made and the state of the state	
Under penalty of perjury, I declare and affinituding any accompanying schedules and	my that I have examined this report,
contained herein are true and contrained	statements, and that all statements
	1/12/09
Signature	Date
DANIEL B. DEL PRETE	
Print or Type Name	
PRESIDENT	
Title	