

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

4

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 precented by Levy (B.I.G.L. 7-1.2-1501).

one jour to a perianty jee of \$25.00.	, .	atting or refusing to file its ann	nual report within thirty (30) days aft	er the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 153761	2. Name of Corporation TURNPIKE DONUTS, INC. I					
3. Street Address Principal Business Office 251 SMITH STREET			PROVIDENCE	State RI	^{Zip} 02908	
		5. State of Incorporation RHODE ISLAND				
6. Brief Description of the Character of	of Business Conducted in I	Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAIN President Name DANIEL B. DEL PRETE			CHMENT) THEL IN SPACES BEFORE USING ATTACHMENTS Vice President Name JAMES T. LYNCH			
Street Address 105 TEAHOUSE LANE			Street Address ONE SIGNAL RIDGE WAY			
WARWICK	State RI	^{Ζip} 02889	City EAST GREENWICH	State RI	<i>Zip</i> 02818	
Secretary Name DANIEL B. DEL PRETE			Treasurer Name DANIEL B. DEL PRETE			
Street Address 105 TEAHOUSE LANE			Street Address 105 TEAHOUSE LANE			
WARWICK	State RI	^{Zip} 02889	City WARWICK	State RI	^{Zip} 02889	
8. NAMES AND ADDRESSES Director Name DANIEL B. DEL PRETE	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SPA Director Name JAMES T. LYNCH	ACES BEFORE USIN	G ATTACHMENTS	
Street Address 105 TEAHOUSE LANE			Street Address ONE SIGNAL RIDGE WAY			
City WARWICK Director Name	State RI	2φ 02889	City EAST GREENWICH Director Name	State RI	^{Zip} 02818	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X ISSUED SHARES — THIS SECTION		IMENT)	
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	
			100	COMMON	NO PAR	
This report must be executed this report must be executed of	on behalf of the corporate of the corpor	oration by an authorize	d representative. If the corpor trustee.	ration is in the hands	of a receiver or trustee,	

FILED	10.11
File Date FEB 2 6 2009	,
Check No	
FOR SECRETARY OF STATE US	E ONLY

Under penalty of perjury, I declare and affir including any decompanying schedules and contained begin are tops and correct to the contained beginning to the contained b	methat I bave examined this report, statements, and that all statements
Signature	Date 1/12/39
DANIEL B. DEL PRETE	
Print or Type Name	
PRESIDENT	
Title	