

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. 7-1.2-150)

subject to a penalty fee of \$25.00		ooration jauing or rejusing to file its ann	uai report within thirty (30) aays	ajter the time prescribed by tal	v (R1.G.L. 7-1.2-1301(coa)) s
1. Corporate ID No. 73519		2. Name of Corporation WEDGE DONUTS, INC.			
3. Street Address Principal Business Office 251 SMITH STREET			PROVIDENCE	State RI	<sup>2ip</sup> 02908
		5. State of Incorporation RHODE ISLAND			11
6. Brief Description of the Chara					3
<b>7. NAMES AND ADDRESSES OF THE GEFLOERS:</b> 4:32: BOX FOR ATA President Name DANIEL B. DEL PRETE			GHMEND) ( FILLIN SE Vice President Name JAMES T. LYNCH	ACES BEFORE USING	ATTACHMENTS -
Street Address 105 TEAHOUSE LANE			Street Address ONE SIGNAL RIDGE WAY		6
City WARWICK	State RI	<sup>Zip</sup> 02889	City EAST GREENWICH	State RI	02818 J
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> <b>02889</b>	City WARWICK	State RI	<sup>Zip</sup> 02889
8: NAMES AND ADDRES  Director Name  DANIEL B. DEL PRE	erichi di III in inci Iliazoli	ectors: (°X? box för att	ACHMENT) TELL IN Director Name JAMES T. LYNCH	spaces before using	G ATTACHMENTS
Street Address 105 TEAHOUSE LANE			Street Address ONE SIGNAL RIDGE WAY		
City WARWICK Director Name	State RI	749 02889	City EAST GREENWICH Director Name	State RI	<sup>Zip</sup> 02818
Street Address			Street Address		
City	State	Zip	Сиу	State	Zip
di <b>Shakes</b> Authorizei			10. SHARES: ISSUED ( ISSUED SHARES — THIS SECT	( <b>"X." BOX FOR ATTACL</b> TION <u>MUST</u> BE COMPLETED	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
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*		the corporation by an authorize the corporation by the receiver	•	rporation is in the hands	s of a receiver or trustee,

- FILED 200	Under penalty of perjury, I dee Are and affirm that I have examined this repoinculation including any accompanying school of and statements, and that all statements
File Date	contained begin are true and entreet.    12   0     Signature Date
Check No.	DANIEL B. DEL PRETE  Print or Type Name
FOR SECRETARY OF STATE USE ONLY	PRESIDENT  Title  Form 630 Rev. 08/08