

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(cord)) is

subject to a penalty fee of \$.	25.00.		•	*		
1. Corporate ID No. 123203	2. Name of Co SS TIOG	2. Name of Corporation SS TIOGUE DONUTS, INC.				
3. Street Address Principal Business Office 251 SMITH STREET			PROVIDENCE	State RI	2ip 02908	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the (Character of Business Cond	ucted in Rhode Island				
7at NAMES ASSULATED President Name	KASSES OF THE OF	ieers: ('x" box for att.	CHMENT): : FUEL IN SPA	CES:BEFOREJISING	AT HYGHMENUS	
DANIEL B. DEL PRETE			JAMES T. LYNCH			
Street Address 105 TEAHOUSE LANE			Street Address ONE SIGNAL RIDGE WAY			
WARWICK	State RI	<i>z</i> р 02889	EAST GREENWICH	State RI	02818 c	
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	<i>Zip</i> 02889	City WARWICK	State RI	72ip 02889	
8: NAMES AND ADD Director Name DANIEL B. DEL PI		ECTORS: ('X' BOX ≠6R AT	FILL IN SPACES REFORE USING ATTACHMENTS Director Name JAMES T. LYNCH			
Street Address 105 TEAHOUSE LANE			Street Address ONE SIGNAL RIDGE WAY			
City WARWICK	State RI	^{Zip} 02889	City EAST GREENWICH	State RI	<i>Ztp</i> 02818	
Director Name		***************************************	Director Name			
Street Address			Street Address			
City	State	Ζip	City	State	Zip	
9: SHRRES AUTHORI	ZED 4		10. SHARES ISSUED: (CA		PORTO (1)	
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	
				THE BEST OF THE PARTY		
This report must be ext this report must be ext	xecuted on behalf of the	ne corporation by an authorize e corporation by the receiver of	ed representative. If the corpor trustee.	oration is in the hands	of a receiver or trustee,	
		03,				

this report must be executed on behalf of the corporation by the receiver or tra	ustee.
File Date: 30.5 30.5 30.5 30.5 30.5 30.5 30.5 30.5	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 contained.
Check No.	Signature Date / DANIEL B. DEL PRETE
BV: SORSECRETARY OF STATE USE ONLY	Print or Type Name PRESIDENT
	Title