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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
74081	RICH DONUTS, INC.			
3. Street Address Principal Business Office		City	State	Zip
251 SMITH STREET		PROVIDENCE	RI	02908
4. Business Phone No.	5. State of Incorporation			
401-272-9773	RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
DANIEL B. DEL PRETE	105 TEAHOUSE LANE	WARWICK	RI	02889
Vice President Name	**Street Address**	**City**	**State**	**Zip**
JAMES T. LYNCH	ONE SIGNAL RIDGE WAY	EAST GREENWICH	RI	02818
Secretary Name	**Street Address**	**City**	**State**	**Zip**
DANIEL B. DEL PRETE	105 TEAHOUSE LANE	WARWICK	RI	02889
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
DANIEL B. DEL PRETE	105 TEAHOUSE LANE	WARWICK	RI	02889

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
DANIEL B. DEL PRETE	105 TEAHOUSE LANE	WARWICK	RI	02889
Director Name	**Street Address**	**City**	**State**	**Zip**
JAMES T. LYNCH	ONE SIGNAL RIDGE WAY	EAST GREENWICH	RI	02818
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

File Date FILED MAR 06 2009
Check No.
By: BY AMF 82911
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 correct.

Signature *Date* 1/12/09

DANIEL B. DEL PRETE
Print or Type Name

PRESIDENT
Title

30888-22-355561

Form 630 Rev. 08/08