

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

401.222.30

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(e&d)) is subject to a penalty fee of \$25.00.

subject to a penalty fee of \$25	.DO.						
1. Corporate ID No. 61623	2. Name of Cor PROVIDE	poration NCE DONUTS, INC.					
3. Street Address Principal Bi 251 SMITH STREE	usiness Office T		PROVIDENCE	State RI	<sup>Zip</sup> 02908		
4. Business Phone No. 401-272-9773		5. State of Incorpora RHODE ISLA					
6. Brief Description of the Cb	aracter of Business Condu	icted in Rhode Island	<u></u>				
5 NAMES AND ADDR	eccent til or	TERC WAY DON'T OF	ÚTEACHMEŅŒJ: □¿KŪĒLĀN SI				
President Name			Vice President Name	AGES BEFORE USING	ATTACHMENTS		
DANIEL B. DEL PRETE			JAMES T. LYNCH	•			
Street Address 105 TEAHOUSE LANE			Street Address ONE SIGNAL RIDGE	Street Address ONE SIGNAL RIDGE WAY			
City WARWICK	State RI	<i>Zip</i> 02889	City EAST GREENWICH	State RI	<i>Ζφ</i> 02818		
Secretary Name DANIEL B. DEL PR			: Treasurer Name	· j · · · · · · · · · · · · · · · · · ·			
Street Address			Street Address				
105 TEAHOUSE LA	EAHOUSE LANE		105 TEAHOUSE LANE				
WARWICK	State RI	<sup>Zip</sup> 02889	City WARWICK	State RI	Zip 02889		
	esses of the diri	ECTORS:= ("X" BOX FOR	<i>ATTACHMENT)</i>   FILL IN	SPACES BEFORE USIN			
Director Name DANIEL B. DEL PRETE			Director Name JAMES T. LYNCH	- 製造 - デース・20-1			
Street Address			Street Address		2		
105 TEAHOUSE LA			ONE SIGNAL RIDGE	WAY	ف		
City WARWICK	State	Zip	Cuy	State	Zip		
Director Name	RI	02889	EAST GREENWICH	[RI	02818		
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZ	ED A		TO SHARES ISSUED (		IMENT)		
This information is cur	rently of record in th	ne Office of the Secretary		Class/Series	Par Value		
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.			100	COMMON	NO PAR		
			<b>便是多数。</b> 你只要你	region and the Con-	**************************************		
This report must be exe	cuted on behalf of th	ne corporation by an author	orized representative. If the cor	poration is in the hands	of a receiver or trustee,		

this report must be executed on behalf of the corporation by the receiver or trustee.

	MED	Under penalty of poljury, I declare and affirm th including any accompanying special and state	at I have examined this report,
Filè Gate 4 <u>s</u>	MAR 06 2009	contained berein are true affectives	1/1/09
Check No: # 15		Signature  DANIEL B. DEL PRETE  Print or Type Name	Dail
POR SECRETARY OF STATE USE ONLY	82911	PRESIDENT Title	F (2/1 P 00/00)