



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 02904-2601
(401) 222-3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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(c), 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)(5)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 135966	2. Name of Corporation GREENWOOD DONUTS, INC.		
3. Street Address Principal Business Office 251 SMITH STREET	City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. 401-272-9773	5. State of Incorporation 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 DANIEL B. DELPRETE	Vice President Name JAMES T. LYNCH				
Street Address 105 TEAHOUSE LANE	Street Address ONE SIGNAL RIDGE WAY				
City WARWICK	City EAST GREENWICH	State RI	State RI	Zip 02889	Zip 02818
Secretary Name DANIEL B. DELPRETE	Treasurer Name DANIEL B. DELPRETE				
Street Address 105 TEAHOUSE LANE	Street Address 105 TEAHOUSE LANE				
City WARWICK	City WARWICK	State RI	State RI	Zip 02889	Zip 02889

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

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

File Date	FILED
Check No.	FEB 14 2011
By	By <i>mnc</i>
	40636
FOR SECRETARY OF STATE USE ONLY	

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
DANIEL B. DEL PRETE
Print or Type Name
PRESIDENT
Title

1/4/11
Date