



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 02904-2501
401-222-3031

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(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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 73517	2. Name of Corporation SQUARE 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

Officer Name DANIEL B. DELPRETE			Officer 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	Zip 02818
Secretary Name DANIEL B. DELPRETE			Treasurer Name DANIEL B. DELPRETE		
Street Address 105 TEAHOUSE LANE			Street Address 105 TEAHOUSE LANE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	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	State RI	Zip 02889	City EAST GREENWICH	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.

FILED	
File Date	FEB 14 2011
Check No.	By <u>MNC</u>
By:	<u>40636</u>
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 D. Del Prete Date 1/4/11
DANIEL B. DEL PRETE
Print or Type Name
PRESIDENT
Title