RI SOS Filing Number: 201174908310 Date: 02/14/2011 4:00 PM

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 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)(2)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
6081	DAN'S DONUT SHOP, 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			Vice President Name		
DANIEL B. DELPRETE			JAMES T. LYNCH and LINDA LYNCH		
Street Address			**Street Address**		
105 TEAHOUSE LANE			ONE SIGNAL RIDGE WAY		
City	**State**	**Zip**	**City**	**State**	**Zip**
WARWICK	RI	02889	EAST GREENWICH	RI	02818
Secretary Name			**Treasurer Name**		
DANIEL B. DELPRETE			DANIEL B. DELPRETE		
Street Address			**Street Address**		
105 TEAHOUSE LANE			105 TEAHOUSE LANE		
City	**State**	**Zip**	**City**	**State**	**Zip**
WARWICK	RI	02889	WARWICK	RI	02889

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

Director Name			Director Name		
DANIEL B. DELPRETE					
Street Address			**Street Address**		
105 TEAHOUSE LANE					
City	**State**	**Zip**	**City**	**State**	**Zip**
WARWICK	RI	02889			
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
500	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]

FILED

File Date FEB 14 2011

Check No. By MMC

By: 29346

59155-46-59712

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* 1/4/11

DANIEL B. DELPRETE
Print or Type Name

[redacted]

PRESIDENT
Title

Form 630 Rev. 08/08