



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 2012**

**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. 140126		2. Name of Corporation LaSALLE DONUTS, INC.		
3. Street Address Principal Business Office 251 SMITH STREET			City PROVIDENCE	State RI
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) <input type="checkbox"/> 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	State RI	Zip 02889	City EAST GREENWICH	State RI
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
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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.			Number of Shares 100	Class/Series COMMON
			Par Value 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 29 2012**

Check No. **BY** *mmc*

By **43837**

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.

*Daniel B. DelPrete* 1/26/12

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DANIEL B. DELPRETE**

Print or Type Name \_\_\_\_\_

**PRESIDENT**

Title \_\_\_\_\_