



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

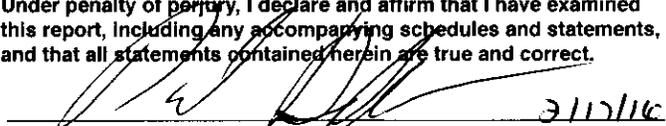
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 153769		2. Exact name of the Corporation HERITAGE PLACE DONUTS, INC.								
3. Principal office address 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name DANIEL B. DELPRETE			Vice-President Name JAMES T. LYNCH							
Street Address 105 TEAHOUSE LANE			Street Address 37 OVERLOOK DRIVE							
City WARWICK	State RI	Zip 02889	City NORTH KINGSTOWN	State RI	Zip 02852					
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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name DANIEL B. DELPRETE			Director Name JAMES T. LYNCH							
Street Address 105 TEAHOUSE LANE			Street Address 37 OVERLOOK DRIVE							
City WARWICK	State RI	Zip 02889	City NORTH KINGSTOWN	State RI	Zip 02852					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
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	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 _____
 Check No _____
 By: _____

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 of Authorized Representative _____ Date **3/17/16**
DANIEL B. DELPRETE
 Print or Type Name of Authorized Representative

FILED
FEB 19 2016
 DV 5422 DS