



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. 76429		2. Exact name of the Corporation RIVER 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
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. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name DANIEL B. DELPRETE		Director Name		
Street Address 105 TEAHOUSE LANE		Street Address		
City WARWICK	State RI	Zip 02889	City	State
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"/>				
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: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

FEB 19 2016

BY 3520105

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

DANIEL B. DELPRETE

Print or Type Name of Authorized Representative