RI SOS Filing Number: 201858858340 Date: 2/21/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

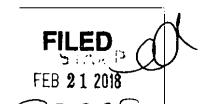
## **Department of State - Business Services Division**

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.



| Entity ID Number   | 2. Exact nam                        | 2. Exact name of the Corporation   |                                    |               |                    |                         |  |
|--|-------------------------------------|--|------------------------------------|---------------|--------------------|-------------------------|--|
| 108253 APEX DONUTS, INC.   |                                     |  |                                    |               |                    |                         |  |
| 3. Principal Office Address  | <u>-</u>                            | -  | City                               |               | State              | Zip                     |  |
| 251 SMITH STREET   |                                     |  | PROVIDENCE                         |               | Ri                 | 02908                   |  |
| 4. NAICS Code  | 6. Brief descr                      | Brief description of the character of business conducted in Rhode Island |                                    |               |                    |                         |  |
| 722513   | RETAIL SA                           | RETAIL SALES DONUT SHOP  |                                    |               |                    |                         |  |
| 5. State of Incorporation  |                                     |  |                                    |               |                    |                         |  |
| RHODE ISLAND   |                                     |  |                                    |               |                    |                         |  |
| 7. List ALL officers (names  | and addresses)                      |  |                                    | Chec          | k the box to ind   | icate an attachment L   |  |
| President Name DANIEL B.   | Vice-President Name  JAMES T. LYNCH |  |                                    |               |                    |                         |  |
| Street Address 105 TEAHOL  | Street Address 37 OVERLOOK DRIVE    |  |                                    |               |                    |                         |  |
| City WARWICK   | State RI                            | <sup>Zip</sup> 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                            | <sup>Zip</sup> 02889   | City WARWICK                       |               | State RI           | Zip 02889               |  |
| 8. List ALL directors (name  | s and addresses)                    |  |                                    | Chec          | x the box to ind   | licate an attachment    |  |
| Director Name  DANIEL B. [   | DELPRETE                            |  | Director Name                      |               |                    |                         |  |
| Street Address 105 TEAHOL  | USE LANE                            |  | Street Address                     |               |                    |                         |  |
| City WARWICK   | State RI                            | Zip <b>02889</b>   | City                               |               | State              | Zip                     |  |
| Director Name  | <u>l</u>                            | 1  | Director Name                      |               | . 1                |                         |  |
| Street Address   |                                     | ·  | Street Address                     |               |                    |                         |  |
| 0.   | I CA-A-                             | Ta-  | Chi                                |               | Tou-t-             | Is:.                    |  |
| City   | State                               | Zip  | City                               |               | State              | Zip                     |  |
| 9. Shares Authorized   | *                                   | 10. Shares Is  |                                    |               |                    | icate an attachment [   |  |
| This information is currently of record in the<br>Department of State. |                                     |  | NUMBER OF SHARES                   |               | RIES               | PAR VALUE               |  |
| •  |                                     | 100  |                                    | COMMON        |                    | NO PAR                  |  |
| Changes require an addition  | iai miing.                          |  |                                    |               |                    |                         |  |
| 11. This report must be exe  |                                     |  |                                    |               | poration is in the | e hands of a receiver o |  |
| trustee, this report must be<br>Under penalty of perjury,              |                                     |  |                                    |               | omnanvina sci      | nodules and             |  |
| statements, and that all s   | tatements contained                 | herein gre <i>k</i> rue a  | ned ans report, inc<br>nd correct. | numy any acco | Jinpanying sci     | ledules and             |  |
| Name of Authorized Repre   |                                     |  |                                    |               | Date               | / / /                   |  |
| DANIEL B. DELPRETE   |                                     | 1/16/18  |                                    |               |                    |                         |  |
| Signature of Authonzed Re  | nrachntative /                      | 7 - 7  |                                    |               |                    |                         |  |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos n gov