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.

FILED
FEB 21 2018
BY S8938

1. Entity ID Number	2. Exact name of the Corporation			
134893	CHEPACHET DONUTS, INC.			
3. Principal Office Address		City	State	Zip
251 SMITH STREET		PROVIDENCE	RI	02908
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722513	RETAIL SALES DONUT SHOP			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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) — Check the box to indicate an attachment ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR

11. 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.

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.

Name of Authorized Representative	Date
DANIEL B. DELPRETE	1/16/18

Signature of Authorized Representative

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017