



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

58938

1. Entity ID Number 136578		2. Exact name of the Corporation CLYDE DONUTS, INC.									
3. Principal Office Address 251 SMITH STREET			City PROVIDENCE	State RI	Zip 02908						
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐											
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 ☐								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR
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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. <i>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.</i>											
Name of Authorized Representative DANIEL B. DELPRETE				Date 1/12/18							
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