

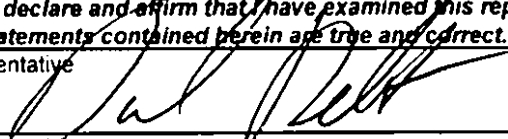


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 **SS938**

1. Entity ID Number 135966		2. Exact name of the Corporation GREENWOOD 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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			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 DANIEL B. DELPRETE					Date 1/16/18
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					