



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

STAMP
FEB 21 2018

BY

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ea

1. Entity ID Number 12816		2. Exact name of the Corporation GREENWICH 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		
Street Address 105 TEAHOUSE LANE			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
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 <i>[Signature]</i>					Date 1/16/18
Signature of Authorized Representative SIGN DOCUMENT HERE					