



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

**FILED**

FEB 21 2018

BY 37215

**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.

1. Entity ID Number <b>765570</b>		2. Exact name of the Corporation <b>WYOMING DONUTS, INC.</b>	
3. Principal Office Address <b>251 SMITH STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02908</b>	
4. NAICS Code <b>722513</b>	6. Brief description of the character of business conducted in Rhode Island <b>RETAIL SALES DONUT SHOP</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>DANIEL B. DELPRETE</b>		Vice-President Name <b>JAMES T. LYNCH</b>	
Street Address <b>105 TEAHOUSE LANE</b>		Street Address <b>37 OVERLOOK DRIVE</b>	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>NORTH KINGSTOWN</b>
		State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>DANIEL B. DELPRETE</b>		Treasurer Name <b>DANIEL B. DELPRETE</b>	
Street Address <b>105 TEAHOUSE LANE</b>		Street Address <b>105 TEAHOUSE LANE</b>	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>
		State <b>RI</b>	Zip <b>02889</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>DANIEL B. DELPRETE</b>		Director Name <b>JAMES T. LYNCH</b>	
Street Address <b>105 TEAHOUSE LANE</b>		Street Address <b>37 OVERLOOK DRIVE</b>	
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>NORTH KINGSTOWN</b>
		State <b>RI</b>	Zip <b>02852</b>
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized			
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>100</b>	<b>COMMON</b>
			<b>NO PAR</b>
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 <b>DANIEL B. DELPRETE</b>			Date <b>1/16/18</b>
Signature of Authorized Representative  <div style="text-align: center;">SIGN DOCUMENT HERE</div>			