



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**

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------|
| 1. Entity ID Number<br><b>1676504</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | 2. Exact name of the Corporation<br><b>TRIANGLE DONUTS, INC.</b>                                              |                                                                                                                       |                               |                            |
| 3. Principal Office Address<br><b>251 SMITH STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                 | City<br><b>PROVIDENCE</b>                                                                                     |                                                                                                                       | State<br><b>RI</b>            | Zip<br><b>02908</b>        |
| 4. NAICS Code<br><b>722513</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>RETAIL SALES DONUT SHOP</b> |                                                                                                                       |                               |                            |
| 5. State of Incorporation<br><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 <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.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                               | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                               |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |                                                                                                               | NUMBER OF SHARES<br><b>100</b>                                                                                        | CLASS/SERIES<br><b>COMMON</b> | PAR VALUE<br><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.<br><b>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.</b> |                 |                                                                                                               |                                                                                                                       |                               |                            |
| Name of Authorized Representative<br><b>DANIEL B. DELPRETE</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                                                                                                               |                                                                                                                       |                               | Date<br><b>1/16/18</b>     |
| Signature of Authorized Representative<br><br><div style="text-align: center;">SIGN DOCUMENT HERE</div>                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                               |                                                                                                                       |                               |                            |

MAIL TO:  
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