



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

1. Entity ID Number <b>74596</b>		2. Exact name of the Corporation <b>STONE 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 <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
			100		COMMON
					PAR VALUE
					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. <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 <b>DANIEL B. DELPRETE</b>					Date <b>1/16/18</b>
Signature of Authorized Representative  <div style="text-align: center;">SIGN DOCUMENT HERE</div>					