



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 98763		2. Exact name of the Corporation PRESTON 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
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		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			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov