

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

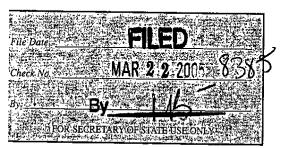
Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00

2005

(FORM MUST BE TYPED O	R PRINTED IN BLACK)	g				
1. Corporate ID No. 110107	2. Name of Corporal DFG DON				<u> </u>	
3. Street Address Principal Bi 629 George Wash	usiness Office nington Highway		City Lincoln	State RI	2ip 02865-0000	
4. Business Phone No.		5. State of Incorporation RI	Ne .		6. SIC Code 612	
7. Brief Description of the Ch to operate a donu	aracter of Business Conducted :	in Rhode Island				
			GHMENTAS ATTOMA	N SPACES BEFORE USING		
President Name Demetrius D. San	á		Vice President Name Valerie B. Samp		ATTACHMENTS	
Street Address II Betsy Williams	· -	ter that is a second	Street Address 11 Betsy William			
Johnston	State RI	^{Ζiρ} 02919-	City Johnston	State RI	^{Zip} 02919-	
Secretary Name Valerie B. Sampa	lis		Treasurer Name Demetrius D. Sa	mpalis		
Street Address 11 Betsy Williams Circle		Street Address 11 Betsy Williams Circle				
Johnston	State RI	^{Zip} 02919-	Johnston Johnston	State RI .	^{Zip} 02919-	
O. NAMES AND ADDRI Director Name	SSES OF THE DIRECTO	DRS:: ("X", BOX FOR ATT	AGHMENT) TILI	IN SPACES BEFORE USIN	G ATTACHMENTS 2	
Demetrius D. Sa	mpalis		Director Name Valerie B. Samp	alis		
Street Address 11 Betsy Willian	ns Circle		Street Address 11 Betsy William	is Circle		
City Johnston	State RI	^{Zip} 02919 -	City Johnston	State RI	^{Zip} 02919-	
Director Name NONE			Director Name none			
Street Address none			Street Address none			
none	State none	zip none	City none	State mone	Zip none	
O SHARES AUTHORIZATION	ZED-CXX.BOX.FOR AT	TACHMENT) :	LIVSHARES ISSUED	CX' BOX FOR ATTACHM		
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Clarific (
600	Common	No Par	125	Class/Series . Common	Par Value No Par	
This report	t he signed in talk her size	1 D 15	! 			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



群徽

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.

Signature of Officer

1/03/05

ignulare of Officer

Demetrius D. Sampalis

Print or Type Name of Officer
President

Title of Officer



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

FORM MUST BE TYPED OR	·	. 14 1 4-14-14-14-14-14-14-14-14-14-14-14-14-14			
I. Corporate ID No.	2. Name of Corporat				-
110107		IUTS, INC.			
3. Street Address Principal Bu			City	State	Zip
629 George Wash	ungton Highway	T CASE TO THE TOTAL OF	Lincoln	RI	02865-0000
f. Business Phone No.		5. State of Incorpora	tion		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island to operate a donut shop		· · · · · · · · · · · · · · · · · · ·		612	
3. NAMES AND ADD	RESSESTOF THE OFFI	CERS:(\$X4)BOXIFORAT	TACHMENT) A FILL IN SPACE	S BEFORE USING ATTAC	HMENTES 🕫 👯
Demetrius D. Sar			Valerie B. Sampa Street Address	alis	
11 Betsy Williams	s Circle		11 Betsy William	s Circle	
City	State	Zip	City	State	Zip
Johnston	RI	02919-	Johnston	RI	02919-
ecretary Name Valerie B. Sampa	llis		Treasurer Name Demetrius D. Sai	npalis	
treet Address 11 Betsy Williams	s Circle		Street Address 11 Betsy William	s Circle	
Johnston	State RI	Zip	City	State	Zip
		02919-	Johnston	RI	02919-
The state of the second distriction of Life of	RESSES OF THE DIRE	CTORS CXPEOXFOR	ATTRACHMENTE - ■ITTUUN SPA	CES BEFORE USING ATTA	CHMENTS
Domotrius D. So	ammalia		Director Name		
Demetrius D. Sa	impans		Valerie B. Sampa	elis	
11 Betsy Williar	ns Circle		11 Betsy William	s Circle	
ilty	State	Zip	City	State	Zip
Johnston	RI	02919-	Johnston	RI	02919-
rirector Name none			Director Name none		
none		, , , , , , , , , , , , , , , ,	Street Address none		
ity	State	Zip	City	State	Zip
none	none	none	none	none	none
0. SHARES AUTHOR	RIZED CXABOX FOR ATTA	CHMENT).	OL SHARES ISSUED	(FX4 BOX GOR ATTACHMENT	Table African (App)
UTHORIZED SHARES	* * * * * * * * * * * * * * * * * * * 		ISSUED SHARES		
umber of Shares	Class/Series	Pår Value	Number of Shares	Class/Series	Par Value
600	Common	No Par	125	Common	No Par
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. File Date:	4/5	04	, - (6) - (4.39)	(1) (2) (2) (2) (3)	14 14 14 14 14 14 14 14 14 14 14 14 14 1
Check No.: _	594	S	- j \}.	1 EM (अनुसर १-४८% व ्रम्ब्या १ लेहरी
Ву::	AL.			\$ 79	1
FOR SECRET	ARY OF STATE	USE ON	LY	t to a face	A STATE OF THE PROPERTY AND THE STATE OF THE

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.

Signature of Officer Date

Demetrius D. Sampalis

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

2003



2. Name of Corpor	ation	· · ·	-	
DFG DQ F	IUTS, INC.			
ness Office	•	^{City} Lincoln	State RI	Zip 02865-0000
	5. State of Incorpor		•••	6. SIC Code
acter of Business Conducted hop	in Rhode Island			. 012
ESSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN SPACI	ES BEFORE USING ATTA	CHMENTS
		Street Address	•	
State RI	Zip • 02919 -	City Johnston	State RI	zip 02919-
		Treasurer Name Demetrius D. Sam	palis	
ircle		Street Address		
State RI	^{Zip} 02 919-	Gity Johnston	State RI	zip 02919-
ESSES OF THE DIR	ECTORS ("X" BOX FO	R ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	ACHMENTS
•		Street Address		
State RI	Zip 02919-	City Johnston	State	zip 02919-
	• • • • • • • • • • • • • • • • • • • •	Director Name none	•	32,1,5
		Street Address none		
State none	^{Zip} none	city none	State none	Zip none
ED ("X" BOX FOR ATT.	ACHMENT)		("X" BOX FOR ATTACHMENT	
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
Common	No Par	125	Common	No Par
	State RI State RI ESSES OF THE OFF State RI State RI State RI State RI State Circle State RI Circle State RI Circle State Circle State Circle State RI State RI Circle Circle	S. State of Incorpo RI acter of Business Conducted in Rhode Island shop RESSES OF THE OFFICERS ("X" BOX FOR A salis Circle State RI 02919- ESSES OF THE DIRECTORS ("X" BOX FOR A palis Circle State RI 02919- State RI 02919- State RI 02919- Circle State RI 02919- State RI 0291	State Zip RI 02919- Johnston ESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE State Zip RI 02919- Johnston ESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE State Zip City RI 02919- Johnston ESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE State Zip City RI 02919- Johnston ESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE Demetrius D. Sam Street Address 11 Betsy Williams Circle 11 Betsy Williams Circle 12 Betsy Williams State Zip City RI 02919- Johnston ESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACE Director Name Valerie B. Sampal Street Address 11 Betsy Williams Circle 11 Betsy Williams State Zip City RI 02919- Johnston Director Name none State Zip City Iohnston Director Name none Street Address none 11. SHARES ISSUED ISSUED SHARES Class/Series Par Value Number of Shares	S. State of Incorporation RI acter of Business Conducted in Rhode Island Shop RESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) RESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) RI Valerie B. Sampalis State Address 11 Betsy Williams Circle City State RI O2919- Johnston RI Treasure Name Demetrius D. Sampalis Street Address 11 Betsy Williams Circle City State RI O2919- Johnston RI ESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATT. Director Name Valerie B. Sampalis State Address 11 Betsy Williams Circle State The City St

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:	2. (e.03	
Check No.:	3652	
Ву:	18	
FOR SECRETARY C	OF STATE LIST CALL	

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

Mulu	Day.	Lus	1/06/03
Signature of Officer	1	Date	

Demetrius D. Sampalis

Print or Type Name of Officer
President

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office, of the Secretary of State

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ INSTRUCTIONS

Filing Period: Jan	uary 1-March 1 •	Filing Fee: \$50	.00		PLEASE INSTRUC
(FORM MUST BE TYPED I					
1. Corporate ID No. 110107	2. Name of Corpo		•		<u> </u>
3. Street Address Principal Bu	DFG DOI	NUTS, INC.			
629 George Wash			City	State	Zip
4. Business Phone No.	ington Highway		Lincoln	RI	02865-0000
		5. State of Incorpo	ration		6. SIC Code
7. Brief Description of the Chi to operate a donut					612
8. NAMES AND ADD President Name	RESSES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) FILL IN SPACI	ES BEFORE USING ATTA	CHMENTS
Demetrius Sampa			Valerie B. Sampa		
11 Betsy Williams	•		11 Betsy Williams	Circle	
City Johnston	State RI	Zip	. City	State	Zip
Secretary Name	Ki	02919-	Johnston	RI	02919-
Valerie B. Sampali	ia		Treasurer Name		
Street Address	13		Demetrius Sampa	lis	
11 Betsy Williams	Circle		Street Address 11 Betsy Williams	Circle	
Johnston Johnston	State RI	` <i>zip</i> 02919 -	City Johnston	State RI	zip 02919-
9. NAMES AND ADD Director Name	RESSES OF THE DIR	ECTORS ("X" BOX FO	R ATTACHMENT) FILL IN SPA	CES BEFORE USING ATT	
Demetrius Sampa Street Address			Valerie B. Sampal	is	
11 Betsy William	s Circle		11 Betsy Williams	Circle	
City	State	·Zip	City	State	Zip
Johnston	RI	02919-	Johnston	RI	02919-
Director Name			Director Name	•.	
Street Address			none		
лопе			Street Address		
City	State	71-	none		
none	: none	^{Zip} none	City	State	ZIp
10. SHARES AUTHORI			none	none	none
AUTHORIZED SHARES	CALID CALIBOX FOR ATT	ACHMENT)		("X" BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	ISSUED SHARES		
		an suipe	Number of Shares	Class/Series	Par Value
600	Common	No Par	125	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2/12/02	
Check No.: 1316	
By:	
FOR SECRETARY OF STATE USE ONLY	_

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.

		merenn ure	tive and COL	ect.
Dont	<u>`</u>	Jour	polin	1/7/02
Signature of Officer	•		Date	

Demetrius Sampalis

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2001

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 110107

2. Name of Corporation

DFG DONUTS, INC.

3. Street Address Principal Business Office

629 George Washington Highway

State

Zip

4. Business Phone No.

5. State of incorporation

RI

02865-0000

RI

6. SIC Code

612

7. Brief Description of the Character of Business Conducted in Rhode Island to operate a donut shop

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Demetrius D. Sampalis

11 Betsy Williams Circle

11 Betsy Williams Circle

Vice President Name

Valerie B. Sampalis

Lincoln

Street Address

11 Betsy Williams Circle

Zip

Secretary Name Valerie B. Sampalis

Street Address

Street Address

Johnston

City

State RI Zip 02919-

Johnston

RI

02919-

Treasurer Name

Demetrius D. Sampalis

Street Address

11 Betsy Williams Circle

02919-

02919-

City Johnston State RI Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name

State

RI

RI

State

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

none

FILL IN SPACES BEFORE USING ATTACHMENTS

02919-

Demetrius D. Sampalis

Director Name

Street Address

City

By:

none

none

none

AUTHORIZED SHARES

Number of Shares

Johnston

Johnston

11 Betsy Williams Circle

Valerie B. Sampalis

Street Address

11 Betsy Williams Circle

Johnston

State RI Zip 02919-

Director Name

none

Street Address

none

City

State

Zip

none

none

none

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600

Common

Class/Series

No Par

Par Value

none

125

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

AUG 05 2002

AC YAATIMOIR

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Demetrius D. Sampalis

Print or Type Name of Officer President

Title of Officer <**₹** 5