



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 116913		2. Name of Corporation S. P. DONUTS, INC.			
3. Street Address Principal Business Office 760 Cumberland Hill Rd			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 401-769-0708		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE HANDLING, SELLING, MAKING AND PREPARATION OF DONUTS, BAGELS, PASTRIES, MUFFINS, CROISSANTS, BREADS, PIZZA, EGG AND/OR MEAT SANDWICHES, MILK, TEA, COFFEE, JUICES, ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen P. Provozza			Vice President Name Cheryl A. Provozza		
Street Address 194 Wheeler St			Street Address 194 Wheeler St		
City Rahoboth	State MA	Zip 02769	City Rahoboth	State MA	Zip 02769
Secretary Name Stephen P. Provozza			Treasurer Name Cheryl A. Provozza		
Street Address 194 Wheeler St			Street Address 194 Wheeler St		
City Rahoboth	State MA	Zip 02769	City Rahoboth	State MA	Zip 02769
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen P. Provozza			Director Name None		
Street Address 194 Wheeler St			Street Address		
City Rahoboth	State MA	Zip 02769	City	State	Zip
Director Name Cheryl A. Provozza			Director Name None		
Street Address 194 Wheeler St			Street Address		
City Rahoboth	State MA	Zip 02769	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			1,000 Shares	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 1-20-05
Check No. 1160
By: [Signature]
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 [Signature] Date 1/15/05
Print or Type Name of Officer Cheryl A. Provozza
Title of Officer Treasurer



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3. Street Address Principal Business Office 760 Cumberland Hill Rd			City Woonsocket	State RI	Zip 02895
4. Business Phone No. (401) 769-0708		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE HANDLING, SELLING, MAKING AND PREPARATION OF DONUTS, BAGELS, PASTRIES, MUFFINS, CROISSANTS, BREADS, PIZZA, EGG AND/OR MEAT SANDWICHES, MILK, TEA, COFFEE, JUICES, ETC.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen P. Provazza			Vice President Name Cheryl A. Provazza		
Street Address 194 Wheeler St			Street Address 194 Wheeler St.		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
Secretary Name Stephen P. Provazza			Treasurer Name Cheryl A. Provazza		
Street Address 194 Wheeler St			Street Address 194 Wheeler St		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Stephen P. Provazza			Director Name None		
Street Address 194 Wheeler St.			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
Director Name Cheryl A. Provazza			Director Name None		
Street Address 194 Wheeler St.			Street Address		
City Rehoboth	State MA	Zip 02769	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			1,000 Shares	Common	No Par

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



* 1 1 6 9 1 3 *

File Date 1-23-04
Check No. 0109
By: [Signature]
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] 1/18/04
Signature of Officer Date
Stephen P. Provazza
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **116913** 2. Name of Corporation **S. P. DONUTS, INC.**
3. Street Address Principal Business Office **760 Cumberland Hill Rd.** City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **401-769-0708** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0612**
7. Brief Description of the Character of Business Conducted in Rhode Island **Donut Franchise**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
President Name **Stephen P. Provezza** Vice President Name **Cheryl Provezza**
Street Address **194 Wheeler St** Street Address **194 Wheeler St**
City **Risborough** State **MA** Zip **02769** City **Risborough** State **MA** Zip **02769**
Secretary Name **Stephen P. Provezza** Treasurer Name **Cheryl Provezza**
Street Address **194 Wheeler St** Street Address **194 Wheeler St**
City **Risborough** State **MA** Zip **02769** City **Risborough** State **MA** Zip **02769**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name **Stephen P. Provezza** Director Name **None**
Street Address **194 Wheeler St** Street Address
City **Risborough** State **MA** Zip **02769** City State Zip
Director Name **Cheryl Provezza** Director Name **None**
Street Address **194 Wheeler St** Street Address
City **Risborough** State **MA** Zip **02769** City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES ISSUED SHARES
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value
8,000 NO PAR VALUE **1000 Shares Common No Par**

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



* 1 1 6 9 1 3 *

File Date: 1-21-03
Check No.: 6063
By: LP

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 [Signature] Date 1/15/03
Print or Type Name of Officer Cheryl Provezza
Title of Officer Treasurer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **116913** 2. Name of Corporation **S. P. DONUTS, INC.**
3. Street Address Principal Business Office **760 Cumberland Hill Road** City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **(401) 769-9798** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

Honey Dew Donut Franchise

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Stephen P. Provazza Street Address 194 Wheeler Street City Rehoboth State MA Zip 02769	Vice President Name Cheryl A. Provazza Street Address 194 Wheeler Street City Rehoboth State MA Zip 02769
Secretary Name Stephen P. Provazza Street Address 194 Wheeler Street City Rehoboth State MA Zip 02769	Treasurer Name Cheryl A. Provazza Street Address 194 Wheeler Street City Rehoboth State MA Zip 02769

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Stephen P. Provazza Street Address 194 Wheeler Street City Rehoboth State MA Zip 02769	Director Name none Street Address none City State Zip
Director Name Cheryl A. Provazza Street Address 194 Wheeler Street City Rehoboth State MA Zip 02769	Director Name none Street Address none City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
8,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
1,000 Shares	Common	No Par

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



* 1 1 6 9 1 3 *

File Date: 02-25-02
Check No.: 5039
By: [Signature]

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] Date 2/24/02
Signature of Officer

Stephen P. Provazza
Print or Type Name of Officer

President
Title of Officer