



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** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 98760		2. Name of Corporation Plainfield Donuts, Inc.			
3. Street Address Principal Business Office 251 Smith Street			City Providence	State RI	Zip 02908
4. Business Phone No. 401-272-9773		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A DOUGHNUT SHOP, ENTER INTO FRANCISE AGREEMENTS AND LEASES THEREFOR.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel B. Del Prete			Vice President Name James T. Lynch		
Street Address 105 Teahouse Lane			Street Address One Signal Ridge Way		
City Warwick,	State RI	Zip 02889	City E. Greenwich	State RI	Zip 02818
Secretary Name Daniel B. Del Prete			Treasurer Name Daniel B. Del Prete		
Street Address 105 Teahouse Lane			Street Address 105 Teahouse Lane		
City Warwick,	State RI	Zip 02818	City Warwick,	State RI	Zip 02818
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel B. Del Prete			Director Name James T. Lynch		
Street Address 105 Teahouse Lane			Street Address One Signal Ridge Way		
City Warwick,	State RI	Zip 02818	City E. Greenwich	State RI	Zip 02818
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
1,000	NO PAR VALUE		100	Common	No Par

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

\*98760\*

File Date 2-22-05

Check No. 31297

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] 2-9-05  
Signature of Officer Date  
Daniel B. Del Prete

Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>98760</b>		2. Name of Corporation <b>Plainfield Donuts, Inc.</b>			
3. Street Address Principal Business Office <b>251 Smith Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
4. Business Phone No. <b>(401) 272-9773</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>0</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO OPERATE A DOUGHNUT SHOP, ENTER INTO FRANCISE AGREEMENTS AND LEASES THEREFOR.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Daniel B. Del Prete</b>			Vice President Name <b>James T. Lynch</b>		
Street Address <b>105 Teahouse Lane</b>			Street Address <b>One Signal Ridge Way</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02819</b>
Secretary Name <b>Daniel B. Del Prete</b>			Treasurer Name <b>Daniel B. Del Prete</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>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Daniel B. Del Prete</b>			Director Name <b>James T Lynch</b>		
Street Address <b>105 Teahouse Lane</b>			Street Address <b>One Signal Ridge Way</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02819</b>
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
<b>1,000 NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par Value</b>

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



\* 9 8 7 6 0 \*

File Date 3/29/04  
Check No. 28904  
By: SC

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.

Daniel B. Del Prete 3/17/2004  
Signature of Officer Date

**Daniel B. Del Prete**  
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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *98760*		2. Name of Corporation Plainfield Donuts, Inc.	
3. Street Address Principal Business Office 251 SMITH STREET		City PROVIDENCE	State RI
		Zip 02908	
4. Business Phone No. 4012729773		5. State of Incorporation RHODE ISLAND	
6. SIC Code 0			
7. Brief Description of the Character of Business Conducted in Rhode Island Operation of a Dunkin' Donuts shop and any other lawful purpose			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel B. Del Prete		Vice President Name James T. Lynch			
Street Address 51 Baldwin Orchard Road		Street Address One Signal Ridge Way			
City Cranston	State RI	Zip 02920	City East Greenwich	State RI	Zip 02818
Secretary Name Daniel B. Del Prete		Treasurer Name Daniel B. Del Prete			
Street Address 51 Baldwin Orchard Road		Street Address 51 Baldwin Orchard Road			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel B. Del Prete		Director Name			
Street Address 51 Baldwin Orchard Road		Street Address			
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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
1,000 NO PAR VALUE			100	Common	No Par Value

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



\*\*98760\* 1/14/032:39:14 PM\*

File Date 2-20-03

Check No 26059

By: KML

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]  
Signature of Officer

Date

Daniel B. Del Prete  
Print or Type Name of Officer

President  
Title of Officer



**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. **98760** 2. Name of Corporation **Plainfield Donuts, Inc.**  
3. Street Address Principal Business Office **251 Smith Street** City **Providence** State **RI** Zip **02908**  
4. Business Phone No. **401-272-9773** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Operation of a Dunkin' Dounts shop and any other lawful purpose**

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

President Name <b>Daniel B. Del Prete</b>			Vice President Name <b>James T. Lynch</b>		
Street Address <b>51 Baldwin Orchard Road</b>			Street Address <b>One Signal Ridge Way</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Daniel B. Del Prete</b>			Treasurer Name <b>Daniel B. Del Prete</b>		
Street Address <b>same as above</b>			Street Address <b>same as above</b>		
City	State	Zip	City	State	Zip

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

Director Name <b>Daniel B. Del Prete</b>			Director Name		
Street Address <b>same as above</b>			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>100</b>	<b>common</b>	<b>none</b>

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



\* 9 8 7 6 0 \*

File Date: 3-4-02  
Check No.: 20003  
By: DMF

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.

Daniel B. Del Prete 2-25-02  
Signature of Officer Date  
**Daniel B. Del Prete**  
Print or Type Name of Officer  
**President**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98760** 2. Name of Corporation **Plainfield Donuts, Inc.**  
3. Street Address Principal Business Office **251 Smith Street** City **Providence** State **RI** Zip **02908**  
4. Business Phone No. **(401) 272-9773** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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

Operation of a Dunkin' Donuts shop and any other lawful purpose

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

President Name <b>Daniel B. Del Prete</b> Street Address <b>51 Baldwin Orchard Road</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	Vice President Name <b>James T. Lynch</b> Street Address <b>One Signal Ridge Way</b> City <b>E. Greenwich</b> State <b>RI</b> Zip <b>02818</b>
Secretary Name <b>Daniel B. Del Prete</b> Street Address <b>as above</b> City _____ State _____ Zip _____	Treasurer Name <b>Daniel B. Del Prete</b> Street Address <b>same</b> City _____ State _____ Zip _____

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

Director Name <b>Daniel B. Del Prete</b> Street Address <b>as above</b> City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>			

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
<b>100</b>		<b>common</b>	<b>none</b>

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



\* 9 8 7 6 0 \*

File Date: **FILED**

Check No.: **FEB 20 2001**

By: **By 0220981**

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.

*Daniel B. Del Prete* **2-15-01**  
Signature of Officer Date

**Daniel B. Del Prete**  
Print or Type Name of Officer

**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98760** 2. Name of Corporation **Plainfield Donuts, Inc.**  
3. Street Address Principal Business Office **251 Smith Street** City **Providence** State **RI** Zip **02908**  
4. Business Phone No. **(401) 272-9773** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Operation of a Dunkin' Donuts shop and any other lawful purpose**

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

President Name <b>Daniel B. Del Prete</b>	Vice President Name <b>James T. Lynch</b>
Street Address <b>51 Baldwin Orchard Road</b>	Street Address <b>One Signal Ridge Way</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>E. Greenwich</b> State <b>RI</b> Zip <b>02818</b>
Secretary Name <b>Daniel B. Del Prete</b>	Treasurer Name <b>Daniel B. Del Prete</b>
Street Address <b>as above</b>	Street Address <b>same</b>
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <b>Daniel B. Del Prete</b>	Director Name
Street Address <b>as above</b>	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name	Director Name
Street Address	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____

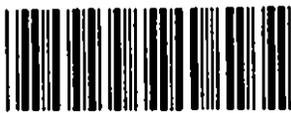
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 common none**

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



\* 9 8 7 6 0 \*

File Date: 1/26/00

Check No.: 18172

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] Date 1/14/00

**Daniel B. Del Prete**

Print or Type Name of Officer

**President**

Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>98760</b>		2. Name of Corporation <b>Pleinfeld Donuts, Inc.</b>	
3. Street Address Principal Business Office <b>251 Smith Street</b>		City <b>Providence</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 272-9773</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
		6. SIC Code	

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Operation of a Dunkin' Donuts shop and any other lawful purpose**

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

President Name <b>Daniel B. Del Prete</b>			Vice President Name <b>James T. Lynch</b>		
Street Address <b>51 Baldwin Orchard Road</b>			Street Address <b>One Signal Ridge Way</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Daniel B. Del Prete</b>			Treasurer Name <b>Daniel B. Del Prete</b>		
Street Address <b>as above</b>			Street Address <b>same</b>		
City	State	Zip	City	State	Zip

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

Director Name <b>Daniel B. Del Prete</b>			Director Name		
Street Address <b>as above</b>			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
<b>1,000</b>	<b>NO PAR VALUE</b>		<b>100</b>	<b>common</b>	<b>none</b>

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



File Date: 2/22/99  
 Check No.: 15934  
 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: 2/22/99  
 Daniel B. Del Prete  
 Print or Type Name of Officer  
 President  
 Title of Officer