

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Str. Providence, RI 02903-13, 401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINT	TED IN BIACK)					
1. Corporate ID No 101262	2 Name of Corporation Ninigret Donuts,	inc.		-		
3 Street Address Principal Business Op 251 Smith Street		· · · · · · · · · · · · · · · · · · ·	Providence	State RI	02908	
4. Business Phone No. 401-272-9773	· · · · · · · · · · · · · · · · · · ·	5. State of Incorporation RHODE ISLAND			6 SIC Code	
7. Brief Description of the Character of TO OPERATE A DOUGH	f Business Conducted in Ri	hode Island NTO FRANCHISE AGRE	EMENTAND LEASES THERF	OR	*	
8. NAMES AND ADDRESSES President Name Daniel B. Del Prete				ACES BEFORE USING A	TTACHMENTS	
Sirver Address 105 Teahouse Lane			Street Address One Signal Ridge	: Way		
Warwick,	sere Ki	″02889	City E. Greenwich	State RI	72818	
Secretary Name Daniel B. Del Prete			Treasurer Name Daniel B. Del Pre		• 4• • • • • • • • • • • • • • • • • •	
105 Teahouse Lane			Street Address 105 Teahouse La	ne		
City Warwick,	St RI	² 02818	City Warwick,	State RI	02818	
9. NAMES AND ADDRESSES	 Of the directors	 5:	: <i>ACHMENT)</i> ∏ FILL IN:	 SPACES BEFORE USING	 ATTACHMENTS	
Daniel B. Del Prete			Director Names T. Lynch			
Siren 105 Teahouse Lane			Street Offe Signal Ridge Way			
City Warwick,	St. R	<i>1</i> 02818	cuy E. Greenwich	State KI	192818	
Director Name	?- * • • • • • • • • • • • • • • • • • •	·	Director Name	······································		
Sirvet Address			Street Address			
City	State -	Ztp	City	State	Zíp	
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT) [11. SHARES ISSUED (*)	K" BOX FOR ATTACHME	ENT)	
Number of Shares	Class/Sortes	Par Value	Number of Shares	Class/Scries	Par Value	
1,000 NO PAR VALUE		·	100	Common	No Par	
		<u></u>				
This report must be si	gned in ink by eithe	r the President, Vice Pr	esident, Secretary, Assistant	Secretary, Treasurer, Rec	ceiver or Trustec	
	101262			ry, I declare and affirm that I		
0 22.0			contained herein are tr	ue and correct.	_	
File Date 22.6	287		Daniel B. Del Pro	7-7-	کرد - 2 - 2 - 2 Date	
Check No.]					
By:			Print or Type Name of C Presider			
FOR SECRETARY OF STA	TE USE ONLY		Title of Officer	· -		
					Form 630 Rev. 12/03	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Stre Providence, RI 02903-135, 401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _______2004

(FORM MUST BE TYPED OR PRINT		ig ree: \$50.00			
1. Corporate ID No	2. Name of Corporatio	n			<u> </u>
101262	Ninigret Donut	ts. Inc.			
3 Street Address Principal Business O	(fice		City	State	Zip
251 Smith Stree	t		Providence	≘ RI	02903
4 Business Phone No.		5. State of Incorporation	n		6 SIC Code
(401) 272-9773		RHODE ISLAN	D		0
7. Brief Description of the Character of TO OPERATE A DOUGH	Business Conducted in INUT SHOP, ENTER	Rhode Island RINTO FRANCHISE AG	GREEMENTAND LEASES TH	ERFOR	
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS	S: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
Daniel B. Del Prete			•		
Street Address	1666		James T. Lyr	10 11	
105 Teahouse La	ne		One Signal F	Didao Nou	
City	State	Zip	: City	State	Zip
Warwick Secretary Name	RI	02886	E. Greenwich		028.18
Daniel B. Del P	rete		Daniel B. De	al Prata	
Street Address			Street Address	zi ifere	
105 Teahouse La	ne		105 Teahouse	a Lane	
City	State	Zip	: City	State	Zip
Warwick	RI	02836	Warwick	RI	02336
9. NAMES AND ADDRESSES				IN SPACES BEFORE USI	NG ATTACHMENTS
Director Name			Director Name		-
Daniel B. Del Prete			James T Lyr	nch	
Sirvet Address			Street Address	<u> </u>	
105 Teahouse Lane			One Signal F	Ridge Way	
City	State	Zip	City	State	Zíp
Warwick	RI	02896	E. Greenwich	n RI	02818
Director Name			Director Name		
Sirret Address			Street Address		
	Υ:			T-	<u> </u>
City:	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	 ("X" BOX FOR AT	 TACHMENT)	•	("X" BOX FOR ATTACE	HMENT)
AUTHORIZED SHARES	Clariff and a second	01/-1	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 Valu
This report must be s	igned in ink by cit	her the President, Vice	e President, Secretary, Assis	stant Secretary, Treasurer,	Receiver or Trustee
* 1	0 1 2 6 2		including any acc		that I have examined this repeterents, and that all statements.
File Date	3AIM		1/11/2	1) 1	117/2004
7 116 17416	$\sim \sim \sim 1$	·	Signature of Officer	, _ (Date
Check No.	84VY		Daniel B.		Duic
<u> </u>				·	. <u>-</u> -
Ву:		.	Print or Type Name of Officer		
FOR SECRETARY OF STA	TE USE ONLY		President	<u> </u>	
Constitution 317			Title of Officer		Form 630 Rev. 12/03
					, 5,111 050 NCT. 12003



FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III, Secretary of Stat Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401.222.304

Form 630 12A

*****				2002			
PROFIT COR	PORATION A	ANNUAL REI	PORT FOR THE YE	CAR = 2003			
Filing Period: January		ling Fee: \$50.00		-			
FORM MUST BE TYPED . 1. Corporate ID No.	IN BLACK) 2. Name of Corpor	ation					
101262	Ninigret Don						
3. Street Address Principal I			City	State	Zip		
251 SMITH STREE			PROVIDENCE	RI	02908		
4. Business Phone No.		5. State of Incorpora			6. SIC Code		
4012729773		RHODE ISLA			0		
7. Brief Description of the C	haracter of Business Con-				1		
Operation of a Du	nkin' Donuts sh	op and any other	lawful purpose				
8.NAMESANDADDR	ESSES OF THE OFF	ICERS CXPROX FOR	ATTACHMENT) FILL IN SPAC	ESCRIPTORIAGINO AT	TACHMENTS		
President Name			Vice President Name	<u></u>	THE THE TENT		
Daniel B. Del P	rete		James T. Lynch				
Street Address			Street Address				
51 Baldwin Orch	ard Road		.One Signal Ridge	Way			
City	State	Zip	City	State	Zip		
Cranston	RI	02920	.East Greenwich	RI	02818		
<i>Secretary Name</i> Daniel B. Del P			Treasurer Name				
	rece		Daniel B. Del Pre	te	<u>.</u>		
Street Address 51 Baldwin Orchard Road			•	Street Address			
			.51 Baldwin Orchar		··· • • · · · · · · · · · · · · · · · ·		
City Cranston	State RI	Zip	City	State	Zip		
		02920	. Cranston	RI	02920		
Director Name	CESSES OF THE DIR	ECTORS ("X" BOX'FO	DENTITACHMENT) FILL IN SPA	CES BEFORE USING	ATTACHMENTS		
Daniel B. Del P	rete		Director Name				
Street Address			6				
51 Baldwin Orch	ard Boad		Street Address				
·				10. · · · · · · · · · · · · · · · · · · ·	10.		
City Cranston	State RI	<i>Zip</i> 02920	•City	State	Zip		
Director Name				l			
Director riame			* Director Name				
Street Address		 -	Street Address				
J. 100 1700 L.J			• · · · · · · · · · · · · · · · · · · ·				
City	State	Zip	City	State	Zip		
			•				
10. SHARESAUTHOR	RIZED GXPBOX FOR	ATTACHMENT)	INSHARES ISSUED (FXF (OX FOR ATTACHMEN	m ()		
AUTHORIZED SHARES			ISSUED SHARES		- ~-		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 NO PAR VALU	ıc		100	Common	No Par Value		
1,000 NO PAR VALO	JC		100	Common	NO Par value		
This report must be si	gned in ink by eithe	er the President, Vice	e President, Secretary, Assista	nt Secretary, Treas	urer Receiver or Truste		
1 100101 (101	. 68121 11818 11818 81118 1181 181	.					
	I BOSOF ITORA ĪVOTA ŠINTO 1887 ID.		Under nanolty of nario	a. I dealess and affirm	that I have aversized		
* 1	0 1 2 6 2 *		Under penalty of perjuithis report, including as				
************		$\overline{}$	and that all statements				
**101262* 1/14/034			///////////////////////////////////////	Cally XI			
File Date 2-20	-02	_	Callette.				
Check No. 260	25		Signature of Officer		Date		
Check No. A. Q.		-	Daniel B. Del I	Prete			
. Con C			Print or Type Name of Officer				

President

Title of Officer

Edward S. Inman, III, Secretary of Stat 100 North Main Street, Providence, RI 02903-133; 401-222-304

Corporations Division

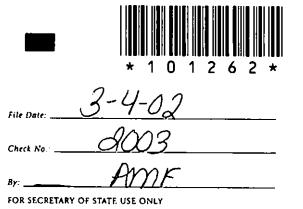
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

PLASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 101262 Ninigret Donuts, Inc. 3. Street Address Principal Business Office City State Zip 251 Smith Street

4. Business Phone No. 02908 Providence RI 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 401-272-9773 Uperation of the character of Businesi Gendutted in the shop and any other lawful purpose 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Daniel B. Del Prete James T. Lynch Street Address Street Address 51 Baldwin Orchard Road One Signal Ridge Way City 02818 02920 RΙ Cranston RΙ E. Greenwich Secretary Name Treasurer Name Daniel B. Del Prete Daniel B. Del Prete Street Address Street Address same as above same as above State Zip City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Daniel B. Del Prete Street Address Street Address same as above City State City State ZIp Director Name Director Name Street Address Street Address City State Zip Clly State 210 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUEE) SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO 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



Under penalty of perjury, I declare and affirm	that I have examined
this report, including any accompanying schee	
that all statements confained herein are true a	nd correct.
	ا به سوراس (
Chille of o	3-03
Signature of Officer	Date

Daniel B. Del Prete

Print or Type Name of Officer

President



Form 630 12/01

Corporations Divis 100 North Main Street, Providence, RI 02903-13 401-222-36

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

ı.	Carporate ID No.
	101262

Name of Corporation

Ninigret Donuts, Inc.

3. Street Address Principal Business Office

251 Smith Street

City

State

RI

02908

4. Business Phone No.

(401)272-9773 5 State of Incorporation RHODE ÍSLAND 6. SIC Cade

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

Daniel B. Del Prete

Vice President Name

Street Address

51 Baldwin Orchard Road

Street Address

One Signal Ridge Way

James T. Lynch

State

State

City

City

Cranston

02920

E. Greenwich

Providence

Rĭ

02818

Secretary Name

Daniel B. Del Prete

Treasurer Name

Street Address

Daniel B. Del Prete

Street Address

as above

same

Zip

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

Director Name

Daniel B. Del Prete

State

Director Name

City

Street Address

as above

Street Address

State

Zip

Director Name

Zip

Director Name

Street Address

Street Address

City

City

State

State

Cro

State

 Z_{10}

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

1,000 SHARES NO PAR VALUE

AUTHORIZED SHARES

Number of Shares

Glass/Series

Par Value

 Z_{1P}

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 Truste

File Date:

FOR SECRETARY OF STATE USE ONLY

Check No ...

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

Daniel B. Del Prete

Print or Type Name of Officer

President

Title of Officer

James R. Langevin, Secretary of St. Corporations Divis. 100 North Main Street, Providence, RI 02903-13 401-222-36

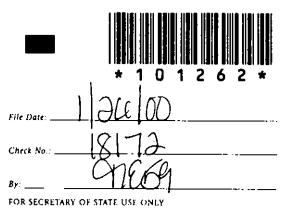
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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Filing	Period: January	1-March 1 •	Filing Fee: \$50.00			1:
(FORM M	AUST BE TYPED IN BL	ACK)				
1. Corpora	ate ID No.	2 Name of Corpor	ation	•		`
	101262	Ninigret	Donuts, Inc.			••
3. Street A	Address Principal Business 251 Smith	_ '		City Providence	State RI	zip 02908
4. Busines	ss Phone No. (401) 272-	9773	5. State of Incorporation RHODE ISLAN			6. SIC Code
7 Brief De	escription of the Characte Operation			any other lawful p	ırpose	
8. NAM	IES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES I	BEFORE USING ATTA	CHMENTS
President :				Vice President Name James T. Lynch		
Street Add	^{tress} 51 Baldwin	Orchard Roa	d	Street Address One Signal Rid	ge Way	
City	Cranston	State RI	^{Z₁p} 02920	E. Greenwich	State RI	^{Zip} 02818
Secretary]	Name			Treasurer Name		
	Daniel B.	Del Prete		Daniel B. Del	Prete	
Street Add	lress .			Street Address		
	as above			same		
City		. State :	Zip	City	State	Zip
9. NAM Director N		SSES OF THE DIR	RECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATI	ACHMENTS
	Daniel B.	Del Prete				
Street Add	ress			Street Address		
	as above					
City		- State	Zip	City	State	Zip
Director N	lame			Director Name		
Street Add	Press			Street Address		
City		State	Zip	City	State	Zip
	ARES AUTHORIZE	D ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ϵ	X" BOX FOR ATTACHMEN	T)
AUTHORIZI				ISSUED SHARES		
Number of	anares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

100



1,000 SHARES NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an that all statements contained herein are true and correct.

common

Daniel B. Del Prete

Print or Type Name of Officer

President

Title of Officer

none



James R. Langevin, Secretary of Ste Corporations Division North Main Street, Providence, RI 02903-13. 401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

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ENSTRUCTION	Z
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Ninigret Done Susiness Conducted in R in' Donuts s OF THE OFFIC Road State RI	S. State of Incorporation RHODE ISLAND thode Island Shop and any othe	-		02908 6. SIC Code
Susiness Conducted in F in' Donuts s OF THE OFFIC Road State	RHODE ISLAND Thode Island Shop and any othe ERS (*X* BOX FOR ATTACH)	Providence Transful purpose MENT) FILL IN SPACES BI Vice President Name James T. Lync Street Address	RI EFORE USING ATTACH	02908 6. SIC Code
in' Donuts s OF THE OFFIC Road State	RHODE ISLAND Thode Island Shop and any othe ERS (*X* BOX FOR ATTACH)	T lawful purpose MENT) SFILL IN SPACES BI Vice President Name James T. Lynd Street Address	EFORE USING ATTACH	6. SIC Code
in' Donuts s OF THE OFFIC Road State	thode Island Shop and any othe ERS (*X* BOX FOR ATTACHM	r lawful purpose MENT) FILL IN SPACES BI Vice President Name James T. Lynd Street Address		IMENTS · ";
OF THE OFFIC Road State	ERS (*x* box for attach)	Vice President Name James T. Lynd Street Address		IMENTS · ·
OF THE OFFIC Road State	ERS (*x* box for attach)	Vice President Name James T. Lynd Street Address		IMENTS . ",
State	Žia.	James T. Lynd	eh	<u> </u>
State	Žia.	Street Address	:n	
State	Žia	· One Signal Ri		
,	Zio		ldge Way	
RT	·	City	State	Zip
	02920	E. Greenwich Treasurer Name	RI	02818
		: Daniel B. Del	Prete	
		Street Address	-	
		same		
State	Zip	City	State	Zip
		Director Name		
		Street Address		
State	710	Cun		_ ,
J	z.ip	: City	State .	' Zip
		Director Name		. (
		Street Address		
State	Zip	City	1 State	Zip
X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED CX	BOX FOR ATTACHMENT)	
.		ESSUEED SHARES		- . - -
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
VALUE		100	common	none
	State State	State Zip State Zip Class/Series Par Value	Same State Zlp City OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES Director Name Street Address State Zlp City Director Name Street Address Number of Shares	State Zip City State OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) Street Address State Director Name Street Address State Of the Director Name Street Address State TX* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES Class/Series Par Value Number of Shares Class/Series

	* 1 0 1 2 6 2 *
File Date:	cellar 10,99
Check No.:	19934
By:FOR SECRETARY OF	STATE USE ONLY

Under penalty of perjury, I declase 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

Print or Type Name of Officer

President

Title of Officer