

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

Matthew A. Brown, Secretary of State

2.22.05

FOR SECRETARY OF STATE USE ONLY

24709

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. Community ID No. 2. Name of Corporation 84993 PLEASANT DONUTS, INC. 3. Street Address Principal Business Office Providence 251 Smith Street 02908 4. Business Phone No. 401-272-9773 5 State of Incorporation 6. SIC Code **RHODE ISLAND** 612 7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A DOUGHNUT SHOP. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Daniel B. Del Prete James T. Lynch Street Address One Signal Ridge Way 105 Teahouse Lane 'შ2889 Warwick, E. Greenwich Secretary Name Daniel B. Del Prete Daniel B. Del Prete Street Address 105 Teahouse Lane Street Address 105 Teahouse Lane Warwick, City Warwick, State Start I 02818 02818 RI9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Daniel B. Del Prete Director Name Simila 105 Teahouse Lane Street Address cuy Warwick, StaR-I *3*02818 City State Director Name Street Address Street Address State Zip : Ciry State 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 100 No Par Common 600 COMM NO PAR VALUE 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 schedules and statements, and that all statements contained berein are true and correct.

> Title of Officer Form 630 Rev. 12/03

Daniel B. Del Prete

Print or Type Name of Officer President



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

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004
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FORM MUST BE TYPED OR PRIM		<u>-</u>			
. Corporate ID No.	2. Name of Corporation				
84993 Street Address Principal Business O	PLEASANT DO	DNUTS, INC.	Cin	State	Zip
251 Smith Stree			City Providence	RI	02903
Business Phone No		5. State of Incorporation			6. SIC Code
(401) 272-9773		RHODE ISLANI	1		612
Brief Description of the Character of					
TO OPERATE A DOUG			•		.
. NAMES AND ADDRESSES resident Name	OF THE OFFICERS	: ("X" BOX FOR ATT	ACHMENT)	ACES BEFORE USING	G ATTACHMENTS
Daniel B. Del F	rete		James T Lynch		<u> </u>
reet Address			Street Address	an Hay	
105 Teahouse La	*	100	One Signal Ridg	- ,	7/0
ity Marciale	State	Zip	: <i>City</i> :E Greenwich	State R I	7 <i>ip</i> 02999
Warwick	RI	1 02389			
ocretary Name			Treasurer Name	_	
Daniel B. Del F	rete		Daniel B. Del	<u>Prete</u>	 .
105 Teahouse Lane			Street Address 195 Teahouse La	2 7 6	
	T	1			2/4
ity - 11 m mar 4 m 1	State	<i>Ζ.</i> φ	City	State	Zip
Warwick	RI	0.2889	Warwick	RI SPACES BEFORE USI	NC ATTACHMENTS
. NAMES AND ADDRESSES Director Name	OF THE DIRECTO	KS: ("X" BOX FOR A	Director Name	SPACES BEFORE USI	MG ATTACHMENTS
			Director Name		
Daniel B. Del F	rete		Second Address		
irrri Address			Street Address		
105 Teahouse La	•	1 2/2		Line	7.0
ily No work of	State	<i>2.ip</i>	City	State	Zιp
Warwick	RI	<u> </u>	: Manatan Manan		
Director Name			Director Name		
Street Address			Sircei Address		
rreer radaress			Sirect Milaress		
City	State	Zip	City	State	Zip
•			Í		·
IO. SHARES AUTHORIZED	 ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED (*.	X" BOX FOR ATTACI	HMENT) [
AUTHORIZED SHARES		. · . · · · · · · · · · · · · · · · · ·	ISSUED SHARES		<u> </u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
-					
600 COMM NO PAR VALUE			100	Common	No Par Val
			· · · · · · · · · · · · · · · · · · ·		
				-	
This range	ionad in ink her skil	har the Dranidant Min-	President, Secretary, Assistan	t Secretary Treasures	Receiver or Trustee
rms report must be s	organed in mix by ent	ner me riesiuent, vice	i resident, occidary, Assistan	i decicially, ileasuici,	, modernot or trustee
1188181		·=·			
3030	 				that I have examined this re
*_8	49,93	<u></u>			atements, and that all states
2	Lach		contained herein are t	0 1	
File Date	104104 104104		1/2	Del :	3 / 17/2004
	22578		Signature of Officer		Date
Check No	29XXX		Daniel B.	Del Prete	
	\sim		Print or Type Name of		
Ву:				ОДІСО	
こうし くじつひじせん ヨマ ヘモ ぐて	ATTE LISE ONLY		President	<u> </u>	<u></u> ,
FOR SECRETARY OF ST	VIE OPE ONE!	1	Title of Officer		 -



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

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

2. Name of Corporation

PLEASANT DONUTS, INC.

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

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

251 SMITH STREET

1. Corporate ID No.

4. Business Phone No.

4012729773

84993

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401.222.3040

02908

612

6. SIC Code

State

RI

NN ARTH AARNAM (M. M. A. C.	•
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003	5

5. State of Incorporation

RHODE ISLAND

City

PROVIDENCE

8. NAMES AND ADDRESS!	ES OF THE OFFICE	R\$ ("X" BOX FOR ATTA		S BEFORE USING AT	TACHMENTS
Daniel B. Del Prete	2		Vice President Name		
Street Address			* Street Address		
51 Baldwin Orchard	Road		•		
City Cranston	State RI	<i>Zip</i> 02920	City	State	Zip
Secretary Name	• • • • • • • • • •		Treasurer Name	• • • • • • • • •	
Daniel B. Del Prete	<u> </u>		Daniel B. Del Pre	te	
Street Address 51 Baldwin Orchard	Road		*Street Address .51 Baldwin Orchar	d Road	
City	State	Zip	*City	State	Zip
Cranston	RI	02920	. Cranston	RI	02920
9. NAMES AND ADDRESS	ES OF THE DIRECT	ORS ("X" BOX FOR AT		CES BEFORE USING	ATTACHMENTS
Director Name	_		Director Name		
Daniel B. Del Preto	e 		· · · · · · · · · · · · · · · · · · ·		
Street Address 51 Baldwin Orchard	Poad		Street Address		
City	· · · · · · · · · · · · · · · · · · ·	12:	-0:-	State	17:-
Cranston	State RI	<i>Zip</i> 02920	•City •	Siare	Zip
Director Name	J		· Director Name		
Street Address			• Street Address		
City	State	Zip	.City	State	Zip
	<u> </u>	<u> </u>	<u>:</u>		
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	ACHMENT) [11. SHARES ISSUED ("X" B	OX FOR ATTACHMEN	<u>m </u>
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
	CIAS/OC/163	, ur ruiau	7	Character	
600 COMM NO PAR VAI	LUE		100	Common	No Par Value
This report must be signed	in ink by either th	ne President, Vice Pre	sident, Secretary, Assista	nt Secretary, Treas	urer, Receiver or Trustee
			Under penalty of perjur	v. I declare and affirm	that I have examined
	, , , .		this report, including an	y accompanying sche	dules and statements,
**84993* 1/14/032:43:5	7 PM*		and that all statements of	contained befein are to	ue and correct.
File Date 2-20-0	_				
The Date 1X = 0			Signature of Officer		Date
Check No. 2164	<u>4</u>		Daniel B. Del F		·•
	Km		Print or Type Name of Officer		
В <u>у:</u>	F 41		President		
FOR SECRETARY OF STATE	USE ONLY		Tisle of Officer		Form 630 12/01
····		J	, , ,		



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

2002

Filling Period: Januar	YUKAIIUN y I-March 1 •	IANNUAL R. Filing Fee: \$50.00	EPORI FOR THI	E YEAR	
(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate 1D No.	2. Name of Corpor	etion			`
84993	PLEASANT	DONUTS, INC.			
3. Street Address Principal Busines	is Office	,	City	State	Zip
251 Smith Stre	et		Providence	RI	02908
4. Business Phone No.		5. State of Incorporation	on		6. SIC Code
401-272-9773		RHODE ISLA	ND		612
2. Brief Description of the Charact Operation of a			other lawful purpo	se	
8. NAMES AND ADDRE President Name Daniel B. Del		FICERS (*x* BOX FOR ATT	ACHMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTAC	HMENTS
Street Address	riele				
51 Baldwin Ord	chard Way		Street Address		
City	State	Zip	City	State	Zio
Cranston	RI	02920			
Secretary Name	D		Treasurer Name		•
Daniel B. Del	Prete		Daniel B. Del	Prete	
Street Address			Street Address		
same as above			same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name Daniel B. Del		ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	CHMENTS
Street Address	1100		Street Address		
Same as above			3176(1)71887433		
City	State	Zip	City	State	Zip
Director Name			Director Name	••••	
Street Address	•		Street Address		
City	State	Zip	Спу	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("x" box for att	FACHMENT)	11. SHARES ISSUED (*)	X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VAL	.UE				
			100	common	none

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



	3-4-02	
File Date:	<u>5-9-02</u>	
Check No.:	23562	
Ву:	AMF	
	DV OF STATE LISE 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 liggein are true and correct. Signature of Officer Daniel B. Del Prete

Print or Type Name of Officer

President Title of Officer

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

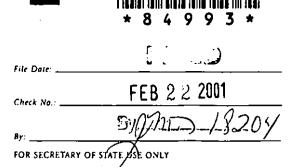
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP
PLEASE READ
INSTRUCTIONS

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

1. Corporate ID 1	No. 4993	2. Name of Corporation PLEASANT DON	UTS, INC.						
	Principal Business Offi 251 Smith St			City Provid	ence	State	RI	Zip	02908
4. Business Phon	, No. (401) 272-9	9773	S. State of Incorporation RHODE ISLAND					6. SIC	612
	on of the Character of I Operation of	Rusiness Conducted in Rhod E a Dunkin Do	elsland nuts shop and a	ny other law	ful pur	pose			
President Name	AND ADDRESSES Daniel B. De		S (*X* BOX FOR ATTACHM	Vice President Name	ACES BEFO		n <mark>G attachme</mark> :h	NTS	
Street Address	51 Baldwin (Orchard Road		Street Address	One Sign	nal Ri	ldge Way		
City	Cranston	State RI	02920	E. Gree	enwich:	State	RI	Zip	02818
Secretary Name	Daniel B. De	el Prete		Treasurer Name		•	•		
Street Address	same as abov	ve		Street Address					
City		State	Zip	City	•	State		Zip	
Director Name	AND ADDRESSE Daniel B. De		DR\$ ("X" BOX FOR ATTAC	HMENT) FILL IN Director Name	SPACES BE	FORE U	SING ATTACHN	MENT	S
Street Address	as above			Street Address					
City		State	Zip	City		State		Zip	
Director Name				Director Name					•
Street Address				Street Address					
СПу		State	Zip	City		State		Zip	
10. SHARES		("X" BOX FOR ATTACHM	ENT)	11. SHARES ISS	UED ("X" BO	OX FOR A	TTACHMENT)		
Number of Share	rs	Class/Series	Par Value	Number of Shares		Class/Ser	ries	Par \	'alue
600 SH	S NO PAR VA	LUE COMM		10	00	•	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 schedules and statements, and that all statements of nearly beginning the force of the statements.

M//// A 2-15-01

in (6/10 C 7-13-01

Daniel B. Del Prete

Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM	MHST	RF	TYPED	IN	BLACK)
V 1171	141 031	n c	11120	141	DEACA

1. Corporate ID No.

Number of Shares

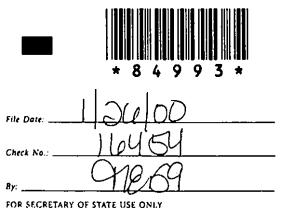
2. Name of Corporation

	84995	PLEASANT DO	INUTS, INC.					
I. Street Adi	dress Principal Business 251 Smith			_{City} Providence	State	RI	Zip	02908
F. Business		0777	S. State of Incorporation RHODE ISLAND					Code 512
7. Brief Desc	–401) 272 cription of the Characte	ソノノン r of Business Conducted in F	Rhode Island					
	Operation	of a Dunkin' D	onuts shop and a	ny other lawful po	urpose			
B. NAMI	ES AND ADDRES	SES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES B	EFORE U	SING ATTACHMI	ENTS	
President No		D.3 D		Vice President Name				
	Daniel B.	ner Liefe		James T. Lynch				
itreet Addre	-	Orchard Road		Street Address One Signal Ridge	a Nav			
City	JI Daluwin	State	Zip	City	State		Zip	
,	Cranston	RI	02920	E. Greenwich	3.2	RI	•	02818
Secretary No	ame			Treasurer Name				
	Daniel B.	Del Prete						
Street Addre	255			Street Address				
	same as ab	ove						
City		State	Zip	City	State		Zip	
		SES OF THE DIREC	TORS ("X" BOX FOR ATTAC		S BEFORE	USING ATTACH	MENT	s
Director Na	Daniel B.	Del Prece		Director Name				
Street Addre				Street Address				
	as above							
City		State	Zip	City	State		Zip	
Director Na	me		•	Director Name				
Street Addre	253			Street Address				
City		State	Zip	City	State		Zip	
10. SHAI	RES AUTHORIZE	D (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*)	K" BOX FOR	ATTACHMENT)		
AUTHORIZEZ			•	ISSUED SHARES	· · · · · ·			

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

Number of Shares

100



600 SHS NO PAR VALUE COMM

Class/Series

Par Value

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

Class/Series

common

Daniel B. Del Prete

President

Title of Officer

Print or Type Name of Officer



Par Value

none



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP PITASI READ INSTRUCTIONS

(FORM MUST BE TYPED IN	BLACK)	•			TASTRECTIONS
1. Corporate ID No. 84993	2. Name of Carpor PLEASAN	ation T DONUTS, INC.	•		
3. Street Address Principal Bush	ness Office		City	State	Zip
251 Smith St	reet		Providence	RI	02908
4. Business Phone No.		5. State of Incorpora	tion	•	6. SIC Code
(401) 272-97		RHODE IS	LAND		612
7. Brief Description of the Chara	acter of Business Conducted	in Rhode Island			•••
	Oper-	ation of a Dunk	cin' Donuts shop and	i any other lawfu	ıl purpose
8. NAMES AND ADDR				S BEFORE USING ATTAC	
President Name			Vice President Name	• • • •	
Daniel B. De	1 Prete				
Street Address			Street Address		• –
51 Baldwin O					
City	State	ZIp	City	State	Zip
Cranston	RI	02920 _.			
Secretary Name	1 D		Treasurer Name		•••••••••••••••••••••••••••••••••••••••
Daniel B. De Street Address	1 Prete		Daniel B. De	1 Prete	
as above			same		1
City	State	Zip	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*X* BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
Daniel B. De	l Prete		•		
Street Address			Street Address		
as above			•		
City	State	Zip	City	State	Zip
Director Name		* ** *** *	Director Name	•• ••••••••••••••••••••••••••••••••••••	
Street Address			Carrie A A A		
			Street Address	•	
City	State	ZIp	City	State	: Zip
					·
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR	VALUE COMM	•	ı	•	· –
	TALUE GOMIN		100	common	none
					-
	- -	·			
This report must be sig	gned in ink by eiti	ner the President Vi	ice President, Secretary, As	sistant Secretary Trans-	uzor Deceiver or Trustee
		The state of the s	resident, secretary, As	matant occidiary, measi	urer, Receiver of Hustee
1181					
illi					

File Date:	Mar 10199
Check No.:	14985
Ву:	30
FOR SECRETAR	Y OF STATE USE ONLY

Under penalty of perjury, I declare and aff	firm that I have examined
this report including and accompanying s	chedules and statements, and
that all starements contained fresein are tr	rue and correct.
July ?	222 99
Signature of Officer	Date
Daniel B. Del Prete	,
Print or Type Name of Officer	
President	

Title of Officer



(FORM MUST BE TYPED IN BLACK)

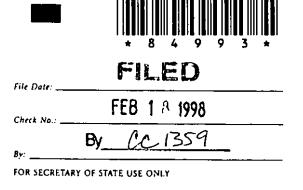
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ
INSTRUCTIONS

1. Corporate ID No.	2. Name of Corpore	atton		•	
84993	PLEASANT	DONUTS, INC.			
3. Street Address Principal Busin			City	State	Zip
251 Smith St	treet		Providence	RI	02908
4. Business Phone No. 5. State of Incorpora		ion		6. SIC Code	
(401) 272-9773 RHODE IS		RHODE ISLA	AND		0612
7. Brief Description of the Char	acter of Business Conducted				0012
Operation of	f a Dunkin' Do	nuts shop and a	ny other lawful purp	ose	
8. NAMES AND ADDR			_	-	
President Name			Vice President Name		
Daniel B. De	el Prete				
Street Address			Street Address		
51 Baldwin (Orchard Road				
City	State	Zip	City	State	Zip
Cranston	RI	02920			·
Secretary Name		•	Treasurer Name	1	
Daniel B. De	el Prete		Daniel B. Del	Prete	
Street Address			Street Address		
as above			51 Baldwin Oro	hard Road	
City	State	Zip	City	State	Zip
			Cranston	RI .	02920
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*x* BOX FOR .	ATTACHMENT)	•	•
Director Name			Director Name		
Daniel B. De	el Prete				
Street Address			Street Address		
as above					
City	State	Zip	City	State	Zip
Director Name			Director Name	• • • • • • • • • • • • • • • • • • • •	• •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	r)
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			100	common	none
600 SHS NO PAR	VALUE COMM		100	Common	

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 schedules and statements, and that all statements contacted herein are true and correct.

FEB 18 1003

Signature of Officer

Date

Daniel B. Del Prete
Print or Type Name of Officer

President

Title of Officer



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No.	2. Name of Corporati				
84993		DONUTS, INC.			
3. Street Address Principal Busines.	s Office		City	State	Zip
251 Smith Street			Providence	RI	02908
4. Business Phone No.		5. State of Incorporati	on		6. SIC Code
(401) 272-9773 7. Brief Description of the Characte	er of Business Conducted in	RHODE ISI Rhode Island	LAND		0612
Operation of a I	Dunkin Donuts	shop and any o	ther lawful purpose.		
8. NAMES AND ADDRES					
President Name			Vice President Name		
Daniel B. DelPre	ete				
Street Address			Street Address		
51 Baldwin Orcha	ard Road				
City	State	ZIp	City	State	Zip
Cranston	RI	02920			
Secretary Name			Treasurer Name	•	
Daniel B. DelPre	ete		Daniel B. DelH	Prete	
Street Address			Street Address		
as above			as above		
Clly	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS (*X* BOX FOR A	ATTACHMENT)	•	
Director Name			Director Name		
Daniel B. DelPre	ete				
Stiret Address as above			Street Address		
City	State	Zip	City	State	- r Zip
Director Name			Director Name		•••
Street Address			Street Address		
City	State	•1.		_	
ν.,	State	Zip	Cliy	State	Zip
10. SHARES AUTHORIZE	ED AND ISSUED (*)	(* BOX FOR ATTACHMEN	T)		
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR \	ALUE COMM		100	common	none

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

	* 8 4 9 9 3 *
File Date:	1/2/7)
Check No.:	11774
Ву:	S
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. DelPrete

Print or Type Name of Officer

<u>President</u> Title of Officer

PROFIT CORPORATION ANNUAL REPORT

2 NAME OF CORPORATION

1996

PLEASE TYPE OR PRINT IN BLACK INK.



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

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

1. CORPORATE ID NO

President, Vice	This report must be SIGNED IN INK by either the fice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee			
File Date: 135/9	Under penalty of perjury, I declare and aff report, including any accompanying schedall statements of relational are true and statements of officer.			
Check No: 088 2	Daniel B. DelPrete			
By: For Secretary of State Use Onl	Print or Type Name of Officer President Title of Officer			

84993		SANT DONUTS, INC	•			
3. STREET ADORESS PRINCIPAL BUSINES	S OFFICE		ary	STATE	ZIP C00E	
251 Smith St	reet		Providence	RI	02908	
RUSPIESS PHONE IND. STATE OF INCORPORATION RHODE IS			SLAND 6. Sc code 0612			
BREE DESCRIPTION OF THE CHARACTE						
Operation of			other lawful purpo			
Daniel B. De		AMES AND ADDR	ESSES OF THE OF	FICERS	· · · · · · · · · · · · · · · · · · ·	
	ET ADMISS 51 Baldwin Orchard Road		STREET ADDRESS			
Cranston	STATE RI	200€ 02920	ary	STATE	ZTP CODE	
Daniel B. De	Daniel B. DelPrete		Daniel B. DelPrete			
as above	as above		STREET ADDRESS as above			
ñΥ	STATE	ZIP COOE	CITY 4	STATE	ZIP CODE	
RECTOR NAME Daniel B. De		AMES AND ADDR	OFFECTOR NAME	RECTORS		
TREET ADDRESS as above			STREET ADDRESS			
πΥ	STATE	ZIP COOE	an	STATE	7₽° C00€	
PRECTOR NAME			DIRECTOR NAME			
TREET ADORESS			STREET ADDRESS			
лү	STATE	ZIP COOE	CITY	STATE	ZIP COO€	
	·	SHARES AUTHOR	IZED AND ISSUED			
AUTHORIZED SHARES MIMBER OF SHARES CLASS / SEPES PAR VALUE		MUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PARVALUE		
600 SHS NO PAR VALUE COMM		100	common	none		
						
			<u> </u>	<u> </u>		
	Т	his report must be SIC	GNED IN INK by either the	e		

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 begin are true and correct.

President January

Title of Officer

Date