



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. <b>84993</b>		2. Name of Corporation <b>PLEASANT DONUTS, INC.</b>		
3. Street Address: Principal Business Office <b>251 Smith Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
4. Business Phone No. <b>401-272-9773</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>612</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO OPERATE A DOUGHNUT SHOP.</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>02889</b>	City <b>E. Greenwich</b>	State <b>RI</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>02818</b>	City <b>Warwick,</b>	State <b>RI</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		
Street Address <b>105 Teahouse Lane</b>		Street Address		
City <b>Warwick,</b>	State <b>RI</b>	Zip <b>02818</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares		Class/Series	Par Value	
<b>600 COMM NO PAR VALUE</b>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES				
Number of Shares		Class/Series	Par Value	
<b>100</b>		<b>Common</b>	<b>No Par</b>	

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



\*84993\*

File Date 2.22.05  
Check No. 24709  
By: D

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 2-9-05  
Signature of Officer Date

Print or Type Name of Officer

**President**

Title of Officer



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 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 84993		2. Name of Corporation PLEASANT 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 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) <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
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 02889	City Warwick	State RI
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 105 Teahouse Lane		Street Address		
City Warwick	State RI	Zip 02889	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
600 COMM 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



\* 8 4 9 9 3 \*

File Date 3/29/04  
Check No. 23528  
By: SE

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 3/17/2004  
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. *84993*		2. Name of Corporation PLEASANT DONUTS, INC.	
3. Street Address Principal Business Office 251 SMITH STREET		City PROVIDENCE	State RI
4. Business Phone No. 4012729773		5. State of Incorporation RHODE ISLAND	6. SIC Code 612

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 Daniel B. Del Prete			Vice President Name .		
Street Address 51 Baldwin Orchard Road			Street Address .		
City Cranston	State RI	Zip 02920	City .	State .	Zip .
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) ☐ 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) ☐**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			100	Common	No Par Value

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

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



\*\*84993\* 1/14/03 2:43:57 PM\*

File Date 2-20-03

Check No. 21644

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 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** 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **84993** 2. Name of Corporation **PLEASANT 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 **612**

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
Street Address <b>51 Baldwin Orchard Way</b>	Street Address
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City State Zip
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  
Number of Shares Class/Series Par Value  
**600 COMM 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



\* 8 4 9 9 3 \*

File Date: 3-4-02  
Check No.: 23562  
By: AMF

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: 2-25-02  
**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

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



**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. **84993** 2. Name of Corporation **PLEASANT DONUTS, INC.**  
3. Street Address Principal Business Office City State Zip  
**251 Smith Street Providence RI 02908**  
4. Business Phone No. (401) 272-9773 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **612**

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 State Zip <b>Cranston RI 02920</b>	City State Zip <b>E. Greenwich RI 02818</b>
Secretary Name <b>Daniel B. Del Prete</b>	Treasurer Name
Street Address <b>same as above</b>	Street Address
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  
**600 SHS NO PAR VALUE COMM**

**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



\* 8 4 9 9 3 \*

File Date: **FEB 22 2001**

Check No.: **18204**

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]** **2-15-01**  
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

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 MUST BE TYPED IN BLACK)

1. Corporate ID No. **84993** 2. Name of Corporation **PLEASANT 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 **612**

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>same as above</b> City _____ State _____ Zip _____	Treasurer Name _____ Street Address _____ 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>600 SHS</b>	<b>NO PAR VALUE COMM</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



\* 8 4 9 9 3 \*

File Date: 1/26/00  
Check No.: 16454  
By: 91269  
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 1/14/00  
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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **84993** 2. Name of Corporation **PLEASANT 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  
**612**

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  
**Daniel B. Del Prete**

Vice President Name

Street Address  
**51 Baldwin Orchard Road**

Street Address

City **Cranston** State **RI** Zip **02920**

City State Zip

Secretary Name  
**Daniel B. Del Prete**

Treasurer Name  
**Daniel B. Del Prete**

Street Address  
**as above**

Street Address

City State Zip

same

City State Zip

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

Director Name  
**Daniel B. Del Prete**

Director Name

Street Address  
**as above**

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

**600 SHS NO PAR VALUE COMM**

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



\* 8 4 9 9 3 \*

File Date: **Mar 10 1999**

Check No.: **14985**

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 **2/22/99**

**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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

**84993**

**PLEASANT 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

**0612**

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)

President Name

**Daniel B. Del Prete**

Vice President Name

Street Address

**51 Baldwin Orchard Road**

Street Address

City

**Cranston**

State

**RI**

Zip

**02920**

City

State

Zip

Secretary Name

**Daniel B. Del Prete**

Treasurer Name

**Daniel B. Del Prete**

Street Address

**as above**

Street Address

**51 Baldwin Orchard Road**

City

State

Zip

City

State

Zip

**Cranston**

**RI**

**02920**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

**Daniel B. Del Prete**

Director Name

Street Address

**as above**

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

**600 SHS NO PAR VALUE COMM**

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



\* 8 4 9 9 3 \*

**FILED**

File Date: \_\_\_\_\_

**FEB 18 1998**

Check No.: \_\_\_\_\_

By: CC 1359

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 \_\_\_\_\_ Date **FEB 18 1998**

**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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

84993

2. Name of Corporation

PLEASANT 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

0612

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)

President Name

Daniel B. DelPrete

Vice President Name

Street Address

51 Baldwin Orchard Road

Street Address

City

Cranston

State

RI

Zip

02920

City

State

Zip

Secretary Name

Daniel B. DelPrete

Treasurer Name

Daniel B. DelPrete

Street Address

as above

Street Address

as above

City

State

Zip

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Daniel B. DelPrete

Director Name

Street Address

as above

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 AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS NO PAR VALUE COMM

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



\* 8 4 9 9 3 \*

File Date: 2/3/97

Check No.: 11774

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] 1/31/97  
Signature of Officer Date

Daniel B. DelPrete

Print or Type Name of Officer

President

Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 84993		2. NAME OF CORPORATION PLEASANT DONUTS, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 251 Smith Street		CITY Providence	STATE RI
4. BUSINESS PHONE NO. (401) 272-9773		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 0612
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Operation of a Dunkin Donuts shop and any other lawful purpose.			

B. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Daniel B. DelPrete			VICE PRESIDENT NAME		
STREET ADDRESS 51 Baldwin Orchard Road			STREET ADDRESS		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY	STATE	ZIP CODE
SECRETARY NAME Daniel B. DelPrete			TREASURER NAME Daniel B. DelPrete		
STREET ADDRESS as above			STREET ADDRESS as above		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

B. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Daniel B. DelPrete			DIRECTOR NAME		
STREET ADDRESS as above			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS NO PAR VALUE COMM			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 schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Daniel B. DelPrete  
Print or Type Name of Officer

President  
Title of Officer

January 22, 1996  
Date

File Date: 1/25/96

Check No: 0882

By:   
For Secretary of State Use Only