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.	*2. Name of Corporation*		
134893	CHEPACHET DONUTS, INC.		
3. Street Address Principal Business Office	*City*	*State*	*Zip*
251 Smith Street	Providence	RI	02908
4. Business Phone No.	*5. State of Incorporation*		*6. SIC Code*
401-272-9773	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			*Vice President Name*		
Daniel B. Del Prete			James T. Lynch		
Street Address			*Street Address*		
105 Teahouse Lane			One Signal Ridge Way		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick,	RI	02889	E. Greenwich	RI	02818
Secretary Name			*Treasurer Name*		
Daniel B. Del Prete			Daniel B. Del Prete		
Street Address			*Street Address*		
105 Teahouse Lane			105 Teahouse Lane		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick,	RI	02818	Warwick,	RI	02818

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

Director Name			*Director Name*		
Daniel B. Del Prete					
Street Address			*Street Address*		
105 Teahouse Lane					
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick,	RI	02818			
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*
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

134893

File Date 2.22-05
Check No. 31287
By:
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 2-4-05
Signature of Officer *Date*

Daniel B. Del Prete
Print or Type Name of Officer

President
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 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.	2. Name of Corporation			
134893	CHEPACHET DONUTS, INC.			
3. Street Address Principal Business Office		City	State	Zip
251 Smith Street		Providence	RI	02908
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 272-9773	RHODE ISLAND			612

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

President Name			Vice President Name		
Daniel B. Del Prete			James T. Lynch		
Street Address			Street Address		
105 Teahouse Lane			One Signal Ridge Way		
City	State	Zip	City	State	Zip
Warwick	RI	02886	E. Greenwich	RI	02818
Secretary Name			**Treasurer Name**		
Daniel B. Del Prete			Daniel B. Del Prete		
Street Address			Street Address		
105 Teahouse Lane			105 Teahouse Lane		
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwucj	RI	0286

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

Director Name			Director Name		
Daniel B. Del Prete					
Street Address			Street Address		
105 Teahouse Lane					
City	State	Zip	City	State	Zip
Warwick	RI	02886			
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*
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

[redacted]

134893

File Date 3/29/04
Check No. 28904
By: SC
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 3/17/2004

Daniel B. Del Prete
Print or Type Name of Officer

[redacted]

President
Title of Officer

Form 630 Rev. 12/03