



State of Rhode Island

Department of State - Business Services Division

FILED
Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

 FEB 26 2021
 BY 46052
QA

1. Entity ID Number 136578		2. Exact name of the Corporation CLYDE DONUTS, INC.			
3. Principal Office Address 251 SMITH STREET			City PROVIDENCE	State RI	Zip 02908
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island RETAIL SALES DONUT SHOP			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DANIEL B. DELPRETE			Vice-President Name JAMES T. LYNCH		
Street Address 105 TEAHOUSE LANE			Street Address 37 OVERLOOK DRIVE		
City WARWICK	State RI	Zip 02889	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name DANIEL B. DELPRETE			Treasurer Name DANIEL B. DELPRETE		
Street Address 105 TEAHOUSE LANE			Street Address 105 TEAHOUSE LANE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name DANIEL B. DELPRETE			Director Name JAMES T. LYNCH		
Street Address 105 TEAHOUSE LANE			Street Address 37 OVERLOOK DRIVE		
City WARWICK	State RI	Zip 02889	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	COMMON	NO PAR
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.					
Name of Authorized Representative DANIEL B. DELPRETE <u>[Signature]</u>					Date 2/18/2021
Signature of Authorized Representative					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov