State of Rhode Island

**Department of State - Business Services Division**

**FILED**

FEB 26 2021

BY

## 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.

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 151573 | PASCOAG DONUTS, INC. | | |
| **3. Principal Office Address** | **City** | **State** | **Zip** |
| 251 SMITH STREET | PROVIDENCE | RI | 02908 |
| **4. NAICS Code** | **6. Brief description of the character of business conducted in Rhode Island** | | |
| 722513 | 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 | Street Address | City | State | Zip |
|---|---|---|---|---|
| DANIEL B. DELPRETE | 105 TEAHOUSE LANE | WARWICK | RI | 02889 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| JAMES T. LYNCH | 37 OVERLOOK DRIVE | NORTH KINGSTOWN | RI | 02852 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| DANIEL B. DELPRETE | 105 TEAHOUSE LANE | WARWICK | RI | 02889 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| DANIEL B. DELPRETE | 105 TEAHOUSE LANE | WARWICK | RI | 02889 |

**8. List ALL directors (names and addresses)** — Check the box to indicate an attachment ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| DANIEL B. DELPRETE | 105 TEAHOUSE LANE | WARWICK | RI | 02889 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| JAMES T. LYNCH | 37 OVERLOOK DRIVE | NORTH KINGSTOWN | RI | 02852 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

**9. Shares Authorized**

**This Information is currently of record in the Department of State.**

**Changes require an additional filing.**

**10. Shares Issued** — Check the box to indicate an attachment ☐

| 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 | Date |
|---|---|
| DANIEL B. DELPRETE | 2/5/2021 |

Signature of Authorized Representative

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

FORM 630 - Revised: 08/2020