

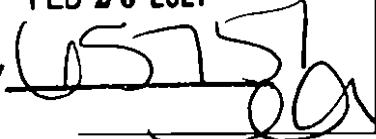


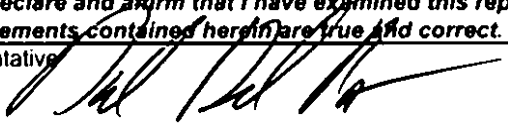
State of Rhode Island

## Department of State - Business Services Division

**FILED****Annual Report for the year: 2021  
Corporation****FEB 26 2021**

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

BY 

| 1. Entity ID Number<br>123202                                                                                                                                                                                                                     |             | 2. Exact name of the Corporation<br>PRESTON GAS STATION DONUTS, INC.                                   |                                                                                                                                                                                                                                              |              |                   |                  |              |           |     |        |        |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|------------------|--------------|-----------|-----|--------|--------|--|--|--|
| 3. Principal Office Address<br>251 SMITH STREET                                                                                                                                                                                                   |             |                                                                                                        | City<br>PROVIDENCE                                                                                                                                                                                                                           | State<br>RI  | Zip<br>02908      |                  |              |           |     |        |        |  |  |  |
| 4. NAICS Code<br>722513                                                                                                                                                                                                                           |             | 6. Brief description of the character of business conducted in Rhode Island<br>RETAIL SALES DONUT SHOP |                                                                                                                                                                                                                                              |              |                   |                  |              |           |     |        |        |  |  |  |
| 5. State of Incorporation<br>RHODE ISLAND                                                                                                                                                                                                         |             |                                                                                                        |                                                                                                                                                                                                                                              |              |                   |                  |              |           |     |        |        |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                    |             |                                                                                                        |                                                                                                                                                                                                                                              |              |                   |                  |              |           |     |        |        |  |  |  |
| President Name<br>DANIEL B. DELPRETE                                                                                                                                                                                                              |             |                                                                                                        | Vice-President Name<br>JAMES T. LYNCH                                                                                                                                                                                                        |              |                   |                  |              |           |     |        |        |  |  |  |
| Street Address<br>105 TEAHOUSE LANE                                                                                                                                                                                                               |             |                                                                                                        | Street Address<br>37 OVERLOOK DRIVE                                                                                                                                                                                                          |              |                   |                  |              |           |     |        |        |  |  |  |
| City<br>WARWICK                                                                                                                                                                                                                                   | State<br>RI | Zip<br>02889                                                                                           | City<br>NORTH KINGSTOWN                                                                                                                                                                                                                      | State<br>RI  | Zip<br>02852      |                  |              |           |     |        |        |  |  |  |
| Secretary Name<br>DANIEL B. DELPRETE                                                                                                                                                                                                              |             |                                                                                                        | Treasurer Name<br>DANIEL B. DELPRETE                                                                                                                                                                                                         |              |                   |                  |              |           |     |        |        |  |  |  |
| Street Address<br>105 TEAHOUSE LANE                                                                                                                                                                                                               |             |                                                                                                        | Street Address<br>105 TEAHOUSE LANE                                                                                                                                                                                                          |              |                   |                  |              |           |     |        |        |  |  |  |
| City<br>WARWICK                                                                                                                                                                                                                                   | State<br>RI | Zip<br>02889                                                                                           | City<br>WARWICK                                                                                                                                                                                                                              | State<br>RI  | Zip<br>02889      |                  |              |           |     |        |        |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                   |             |                                                                                                        |                                                                                                                                                                                                                                              |              |                   |                  |              |           |     |        |        |  |  |  |
| Director Name<br>DANIEL B. DELPRETE                                                                                                                                                                                                               |             |                                                                                                        | Director Name<br>JAMES T. LYNCH                                                                                                                                                                                                              |              |                   |                  |              |           |     |        |        |  |  |  |
| Street Address<br>105 TEAHOUSE LANE                                                                                                                                                                                                               |             |                                                                                                        | Street Address<br>37 OVERLOOK DRIVE                                                                                                                                                                                                          |              |                   |                  |              |           |     |        |        |  |  |  |
| City<br>WARWICK                                                                                                                                                                                                                                   | State<br>RI | Zip<br>02889                                                                                           | City<br>NORTH KINGSTOWN                                                                                                                                                                                                                      | State<br>RI  | Zip<br>02852      |                  |              |           |     |        |        |  |  |  |
| Director Name                                                                                                                                                                                                                                     |             |                                                                                                        | Director Name                                                                                                                                                                                                                                |              |                   |                  |              |           |     |        |        |  |  |  |
| Street Address                                                                                                                                                                                                                                    |             |                                                                                                        | Street Address                                                                                                                                                                                                                               |              |                   |                  |              |           |     |        |        |  |  |  |
| City                                                                                                                                                                                                                                              | State       | Zip                                                                                                    | City                                                                                                                                                                                                                                         | State        | Zip               |                  |              |           |     |        |        |  |  |  |
| 9. Shares Authorized                                                                                                                                                                                                                              |             |                                                                                                        | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                        |              |                   |                  |              |           |     |        |        |  |  |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                  |             |                                                                                                        | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |              |                   | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | COMMON | NO PAR |  |  |  |
|                                                                                                                                                                                                                                                   |             |                                                                                                        | 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. |             |                                                                                                        |                                                                                                                                                                                                                                              |              |                   |                  |              |           |     |        |        |  |  |  |
| <b>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.</b>                                       |             |                                                                                                        |                                                                                                                                                                                                                                              |              |                   |                  |              |           |     |        |        |  |  |  |
| Name of Authorized Representative<br>DANIEL B. DELPRETE                                                                                                        |             |                                                                                                        |                                                                                                                                                                                                                                              |              | Date<br>2/16/2021 |                  |              |           |     |        |        |  |  |  |
| Signature of Authorized Representative                                                                                                                                                                                                            |             |                                                                                                        |                                                                                                                                                                                                                                              |              |                   |                  |              |           |     |        |        |  |  |  |

**MAIL TO:**  
 Division of Business Services  
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