



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023  
Corporation

MAR 16 2023

BY 7024 *kg*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000098763</b>		2. Exact name of the Corporation <b>PRESTON DONUTS, INC.</b>			
3. Principal Office Address <b>251 SMITH STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>722513</b>		6. Brief description of the character of business conducted in Rhode Island <b>RETAIL SALES DONUT SHOP</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DANIEL B. DELPRETE</b>			Vice-President Name <b>JAMES T. LYNCH</b>		
Street Address <b>105 TEAHOUSE LANE</b>			Street Address <b>37 OVERLOOK DRIVE</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>DANIEL B. DELPRETE</b>			Treasurer Name <b>DANIEL B. DELPRETE</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>02889</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DANIEL B. DELPRETE</b>			Director Name <b>JAMES T. LYNCH</b>		
Street Address <b>105 TEAHOUSE LANE</b>			Street Address <b>37 OVERLOOK DRIVE</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>	
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 <b>DANIEL B. DELPRETE</b> <i>[Signature]</i>				Date <b>3/16/23</b>	
Signature of Authorized Representative					

MAIL TO:  
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