



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation _____

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

REC'D RIDOS BSD
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1. Entity ID Number 000146346		2. Exact name of the Corporation BEAVER RIVER 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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					
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 <input type="checkbox"/>			
		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				Date 3-27-24	
Signature of Authorized Representative <i>Daniel DelPrete, Pres</i> FILED					

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

MAR 26 2024
BY ML 72374