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State of Rhode Island
Department of State - Business Services Division

MAR 26 2024 @36

BY 9 NJT

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.

1. Entity ID Number	2. Exact name of the Corporation
000037658	BRANCH 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	Vice-President Name
DANIEL B. DELPRETE	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	**Treasurer Name**
DANIEL B. DELPRETE	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	Director Name
DANIEL B. DELPRETE	
Street Address: 105 TEAHOUSE LANE	Street Address:
City: WARWICK, State: RI, Zip: 02889	City: , State: , Zip:
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	2-27-24

Signature of Authorized Representative

Dan Delprete, Pres

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: 12/2023