



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
138 W. River Street
Providence, RI 02903-2615
401.222.3940

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 158053		2. Name of Corporation CENTERVILLE DONUTS, INC.			
3. Street Address (Principal Business Office) 251 SMITH STREET			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. 401-272-9773		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A DUNKIN DONUTS SHOP					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DANIEL B. DEL PRETE			Vice President Name JAMES T. LYNCH		
Street Address 105 TEAHOUSE LANE			Street Address ONE SIGNAL RIDGE WAY		
City WARWICK	State RI	Zip 02889	City EAST GREENWICH	State RI	Zip 02818
Secretary Name DANIEL B. DEL PRETE			Treasurer Name DANIEL B. DEL PRETE		
Street Address 105 TEAHOUSE LANE			Street Address 105 TEAHOUSE LANE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DANIEL B. DEL PRETE			Director Name JAMES T. LYNCH		
Street Address 105 TEAHOUSE LANE			Street Address ONE SIGNAL RIDGE WAY		
City WARWICK	State RI	Zip 02889	City EAST GREENWICH	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	\$0.01 PAR VALUE		100	COMMON	NO PAR

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.

FILED
File Date
Check No. FEB 19 2008
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1/30/08
Signature Date
DANIEL B. DEL PRETE
Print or Type Name
PRESIDENT
Title