

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.304

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(e&d)) is subject to a penalty fee of \$25.00

1. Corporate ID No. 158053	2. Name of Corporation CENTERVILLE	2. Name of Corporation CENTERVILLE DONUTS, INC. 1				
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			02908	
6. Brief Description of the Character 7. NAMES AND ADDRESSES President Name DANIEL B. DEL PRETE			ACHMENT) TILL IN SPACE Vice President Name  JAMES T. LYNCH	ES BEFORE USING	ATTAGHMENTS	
Street Address 105 TEAHOUSE LAND			Street Address ONE SIGNAL RIDGE WAY			
WARWICK	State RI	<sup>Ζφ</sup> 02889	City EAST GREENWICH	State RI	<i>Zip</i> 02818	
Secretary Name DANIEL B. DEL PRETE			Treasurer Name DANIEL B. DEL PRETE			
Street Address 105 TEAHOUSE LANE			Street Address 105 TEAHOUSE LANE			
WARWICK	State RI	<sup>Zip</sup> 02889	WARWICK	State RI	<i>Zip</i> 02889	
DANIEL B. DEL PRETE	OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT)   FILL IN SPA	CES BEFORE USIN	G ATTACHMENTS	
Street Address 105 TEAHOUSE LANE			Street Address ONE SIGNAL RIDGE WAY			
City WARWICK Director Name	State RI	Zip 02889	EAST GREENWICH	State RI	<i>Zip</i> 02818	
Street Address			Director Name			
City			Street Address			
O CELATIFIC ASSESSMENT OF THE PROPERTY OF THE	Joune	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION	BOX FOR ATTACH	IMENT)	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100	СОММОИ	NO PAR	
		<del></del>		Total Territoria		
This report must be executed on this report must be executed or the contract of the contract o	on behalf of the corpo	pration by an authorize	d representative. If the corpora	ation is in the hands	of a receiver or trustee,	

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FOR SECRETARY OF STATE USE O	DNLY

Under penalty of perjury, I declare and affi including any accompanying schedules in contained herein are true and correct	irm that I have examined this report, destatements, and that all statements
Signature	Date
DANIEL B. DEL PRETE	
Print or Type Name	
PRESIDENT	
Title	