



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>156308</b>		2. Exact name of the Corporation <b>2738 Hartford Corp.</b>				
3. Principal Office Address <b>383 SMITHFIELD AVENUE</b>			City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	
4. NAICS Code <b>72 - Accommodation and Fo</b>		6. Brief description of the character of business conducted in Rhode Island <b>OPERATION OF A DUNKIN' DONUTS FRANCHISE.</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>GUIDO J. PETROSINELLI</b>			Vice-President Name <b>GUIDO J. PETROSINELLI</b>			
Street Address <b>383 SMITHFIELD AVENUE</b>			Street Address <b>383 SMITHFIELD AVENUE</b>			
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	
Secretary Name <b>GUIDO J. PETROSINELLI</b>			Treasurer Name <b>GUIDO J. PETROSINELLI</b>			
Street Address <b>383 SMITHFIELD AVENUE</b>			Street Address <b>383 SMITHFIELD AVENUE</b>			
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</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			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES	
			51		Class A	Common Voting
			49		Class B	Common Non-Voting
			PAR VALUE	\$0.01		
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>GUIDO J. PETROSINELLI</b>				Date <b>1/3/17</b>		
Signature of Authorized Representative 						

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

**FILED**  
 JAN 13 2017

BY 6601