



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

Annual Report for the year: 2019
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 151556		2. Exact name of the Corporation 69 Empire Corp.			
3. Principal Office Address 383 SMITHFIELD AVENUE		City PAWTUCKET		State RI	Zip 02860
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island OPERATION OF A DUNKIN' DONUTS FRANCHISE.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name GUIDO J. PETROSINELLI			Vice-President Name GUIDO J. PETROSINELLI		
Street Address 383 SMITHFIELD AVENUE			Street Address 383 SMITHFIELD AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name GUIDO J. PETROSINELLI			Treasurer Name GUIDO J. PETROSINELLI		
Street Address 383 SMITHFIELD AVENUE			Street Address 383 SMITHFIELD AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
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 ☐			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		51	CLASS A	COMMON VOTING	\$0.01
		49	CLASS B	Common-Non-Voting	\$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. 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 GUIDO J. PETROSINELLI					Date 1/21/19
Signature of Authorized Representative					

NON DOCUMENT FILE

FILED

JAN 22 2019

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

BY

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FORM 630 - Revised: 10/2017