



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 153453		2. Exact name of the Corporation 1871 Mineral Spring 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 <input type="checkbox"/>					
President Name GUIDO J. PETROSINELLI			Vice-President Name		
Street Address 383 SMITHFIELD AVENUE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
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 <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>			
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.					
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 1/2/19
Signature of Authorized Representative					

SIGN DOCUMENT # **FILED**

JAN 22 2019

PW 10415