



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

Annual Report for the year: 2020
Corporation

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

FILED
 JAN 13 2020
 BY 7581 OS

| | | | | | | |
|---|--------------------|---|---|-----------------------|---------------------|--------|
| 1. Entity ID Number 151555 | | 2. Exact name of the Corporation 78 Dorrance 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 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 <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 | \$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 1/3/20 | | |
| Signature of Authorized Representative | | | | | | |

MAIL TO:
 Division of Business Services
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