



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

7008 DS

1. Entity ID Number 151557		2. Exact name of the Corporation 141 Westminster 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 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 1/3/20			
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

FORM 630 - Revised: 10/2017