	State of Rhode Office of the Secreta		Fee: \$50.00		
Division Of Business Services					
148 W. River Street					
Providence RI 02904-2615 (401) 222-3040					
(401) 222-3040					
Limited Liability Company					
Annual Report Filing Period: September 1 - November 1					
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing					
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-					
16-66(b&c)) is subject to a penalty fee of \$25.00.					
ANNUAL REPORT YEAR: 2020					
1. ID No. <u>000370507</u>					
2. Exact Name of the Limited Liability Company <u>DUNKIN' VENTURES LLC</u>					
3. State of Formation					
State: <u>DE</u>					
	ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.					
A Priof Description of th	a Character of the Business Whiel	in Antually Conductor	t in Dhada Jaland		
4. Bhei Description of th	e Character of the Business Whicl				
REAL ESTATE LEASING					
5. Principal Office Addre	SS				
	NTON State:	MA Zip: <u>02021</u>	Country: <u>USA</u>		
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
Contact Name: Contact Title:					
No. and Street: <u>130 ROYALL STREET</u>					
LEGAL DEPT, 3 EAST A					
City or Town: <u>CANTON</u> State: <u>MA</u> Zip: <u>02021</u> Country: <u>USA</u>					
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
Title	Individual Name	Addro	222		
i iue	First, Middle, Last, Suffix	Address, City or Town, St			
MANAGER	KATHERINE D. JASPON		ALL STREET		
		CANTON, MA	02021 USA		

MANAGER	DAVID HOFFMANN	130 ROYALL ST. CANTON, MA 02021 USA		
MANAGER	W. DAVID MANN	130 ROYALL ST CANTON, MA 02021 USA		
 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 <u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> 02914 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). 				
 Signed this 5 Day of October, 2020 at 1:42:49 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16. By <u>W. DAVID MANN</u> Signature of Authorized Person 				
Form No. 632 Revised 09/07				
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