



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year:** 2021  
**Corporation**

FEB 10 2021  
 BY ans

- 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
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 Nonvoting
			PAR VALUE		
			S0.01		
			S0.01		
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.					
<b>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.</b>					
Name of Authorized Representative GUIDO J. PETROSINELLI					Date 2/10/21
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
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