



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 64798		2. Name of Corporation RDBG, INC.			
3. Street Address Principal Business Office 804 PARK AVENUE			City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 401-769-7205		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A RESTAURANT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DEBORAH GERNT			Vice President Name DEBORAH GERNT		
Street Address 665 IRON MINE HILL ROAD			Street Address 665 IRON MINE HILL ROAD		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name DEBORAH GERNT			Treasurer Name DEBORAH GERNT		
Street Address 665 IRON MINE HILL ROAD			Street Address 665 IRON MINE HILL ROAD		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DEBORAH GERNT			Director Name		
Street Address 665 IRON MINE HILL ROAD			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			100	COMMON	NO PAR

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.

Deborah Gernt 2-13-08
Signature Date

DEBORAH GERNT

Print or Type Name

PRESIDENT

Title

File Date

FILED

Check No.

FEB 14 2008

By

By

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