



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 2010

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. 16041		2. Name of Corporation R. D. INC.	
3. Street Address Principal Business Office 6600 Post Rd.		City N. Kingstown	State RI
4. Business Phone No. 401-884-9719		5. State of Incorporation R.I.	
6. Brief Description of the Character of Business Conducted in Rhode Island FAST FOOD			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name GLEN J. MIGUEL		Vice President Name GLEN J. MIGUEL	
Street Address 8 OXPOIL RD.		Street Address 8 OXPOIL RD.	
City CAROLINA	State RI	City CAROLINA	State RI
Zip 02812		Zip 02812	
Secretary Name BARBARA J. MIGUEL		Treasurer Name GLEN J. MIGUEL	
Street Address 8 OXPOIL RD.		Street Address 8 OXPOIL RD.	
City CAROLINA	State RI	City CAROLINA	State RI
Zip 02812		Zip 02812	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED NONE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares NONE	Class/Series

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CORPORATIONS DIV
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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.

Signature: GLEN J. MIGUEL Date: 11/02/10
Print or Type Name: GLEN J. MIGUEL
Title: OWNER

FILED
File Date: JAN 11 2011
Check No.: 2134804
By: [Signature]
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