



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. 112508		2. Name of Corporation TDBC PIZZA INC			
3. Street Address Principal Business Office 1705 WEST SHAW RD		City Warwick	State RI	Zip 02889	
4. Business Phone No. 401-738-6462		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT + PIZZA					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID R. BERGEN			Vice President Name JACK DOHERTY		
Street Address 50 AURORA CT			Street Address 342 EAST AVE		
City Wakefield	State RI	Zip 02879	City PAWT	State RI	Zip 02860
Secretary Name KELCEY S. MACKS			Treasurer Name		
Street Address 746 Middle Bridge Rd			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 600	Class/Series COMMON	Par Value NONE

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 **[Signature]** Date **11-29-11**
Print or Type Name **Jack Doherty**
Title **V Pres**

FILED

File Date **NOV 29 2011**

Check No. **157609 3:58**

By: **[Signature]**

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