



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 53220		2. Exact name of the Corporation JG & BD TAVERN, INC.		
3. Principal office address 2 Proto Lane		City Bristol	State RI	Zip 02809-0000
4. Business Phone No. (401) 253-1350		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island operation of a bar/restaurant				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Robert Drew, Jr.			Vice-President Name Robert Drew, Jr.		
Street Address 2 Proto Lane			Street Address 2 Proto Lane		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-
Secretary Name Robert Drew, Jr.			Treasurer Name Robert Drew, Jr.		
Street Address 2 Proto Lane			Street Address 2 Proto Lane		
City Bristol	State RI	Zip 02809-	City Bristol	State RI	Zip 02809-

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name Robert Drew, Jr.			Director Name none		
Street Address 2 Proto Lane			Street Address none		
City Bristol	State RI	Zip 02809-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none

9. SHARES AUTHORIZED				10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
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	CLASS/SERIES	PAR VALUE
							300	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.


File Date: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JAN 29 2014

BY 12093

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.

 1/06/2014
 Signature of Authorized Representative Date
 Robert Drew, Jr.

Print or Type Name of Authorized Representative
 President