

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.		2. Exact name of the Corporation			
196074	TRG, Ir	ic.			
3. Principal office address 5600 Post Road			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-946-00			5. State of Incorporation Rhode Island		
6. Brief description of the c Restaurant.	character of business	s conducted in Rhode Island			
7. LIST <u>ALL</u> OFFICERS (NAMES AND ADDR	ESSES) ("X" BOX FOR A			
President Name Tina M. Tomaselli			Vice-President Name Mark J. Blanchard		
Street Address 15 Terra Court			Street Address 40 Wauregan Drive		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02888
Secretary Name Tina M. Tomaselli			Treasurer Name Anthony D. Tomaselli		
Street Address 15 Terra Court			Street Address 15 Terra Court		
City Cranston	State RI	Zip 02920	City State RI		Zip 02920
8. LIST ALL DIRECTORS	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)		
Director Name Tina M. Tomaselli			Director Name Anthony D. Tomaselli		
Street Address 15 Terra Court			Street Address 15 Terra Court		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Mark J. Bianchard			Director Name		
Street Address 40 Wauregan Drive			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
9. SHARES AUTHORIZED)		10. SHARES ISSUE	O ("X" BOX FOR ATTACH	IMENT) 🗌 🕬 🔻 🖟
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 execu	ited on behalf of the this report mu	corporation by an authorize st be executed on behalf of	1. ed representative. If the fithe corporation by the r		s of a receiver or trustee,

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Check No	FEB 2 6 2014	
By	7438	
FOR SECRETARY OF STATE USE ONLY		

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 of Authorized Representative

Date

Tina M. Tomaselli, President

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012