



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. 67233		2. Exact name of the Corporation GDB INCORPORATED			
3. Principal office address 1206 Hartford Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 272-0111			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To engage in the sale of children's clothing, sporting goods, accessories, and furniture.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Diane Bianco			Vice-President Name George A. Bianco, Jr.		
Street Address 5 Elmwood Terrace			Street Address 5 Elmwood Terrace		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name George A. Bianco, Jr.			Treasurer Name Diane Bianco		
Street Address 5 Elmwood Terrace			Street Address 5 Elmwood Terrace		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Diane Bianco			Director Name George A. Bianco, Jr.		
Street Address 5 Elmwood Terrace			Street Address 5 Elmwood Terrace		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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
			150	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

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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.

Diane Bianco 3-8-14
 Signature of Authorized Representative Date

Diane Bianco
 Print or Type Name of Authorized Representative