

STATE OF RHO E ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. Rive 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 2015

. Entity ID No. 67233	2. Exact na GDB IN	2. Exact name of the Corporation GDB INCORPORATED				
Principal office address 206 Hartford Avenue		City Johnston	State RI	Zip 02919		
. Business Phone No. 401) 272-0111			5. State of Incorporation Rhode Island			
Brief description of the char To engage in the sale				, and furniture.	·	
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President Name Diane Bianco			Vice-President Name George A. Bianco, Jr.			
Street Address 5 Elmwood Terrace			Street Address 5 Elmwood Terrace			
ity 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			
^{ity} North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857	
LIST ALL DIRECTORS (N.	AMES AND ADI	DRESSES) ("X" BOX FOR	ATTACHMENT)			
irector Name Diane Bianco			Director Name George A. Biance	:o, Jr.		
Street Address 5 Elmwood Terrace			Street Address 5 Elmwood Terrace			
ity Iorth Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857	
rector Name	· · · · · · · · · · · · · · · · · · ·		Director Name			
reet Address			Street Address			
ity	State	Zip	City State		Zip	
SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. see Section 9 of instruction sheet.		150	Common	No Par		
his report must be executed		corporation by an authorize	od representative. If the c	orporation is in the hands	of a receiver or trustee,	
		ist be executed on behalf of	the corporation by the re	ceiver or trustee.		
File Date			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
Check No	· · · · · · · · · · · · · · · · · · ·	MAR 1 8 2015	Lan	e Biane	2 3-12-	
		MAN I O TOIS	Signature of Authoriz	1.00	Date	

Form No. 630 Revised: 01/2012