



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 **2015**

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. 58926		2. Exact name of the Corporation Rudder, Inc.			
3. Principal office address 528 Thames St.		City Newport	State RI	Zip 02840	
4. Business Phone No. 1-401-847-4780		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island operate a retail food and beverage establishment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name Thomas F. Callahan, Jr.			Vice-President Name		
Street Address 528 Thames St.			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Roxanne C. Callahan			Treasurer Name		
Street Address 528 Thames St.			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name Thomas F. Callahan, Jr.			Director Name Roxanne C. Callahan		
Street Address 528 Thames St.			Street Address 528 Thames St.		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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
			1200	common	no par value

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 SECRETARY OF STATE
 CORPORATIONS DIV

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

10:51 AM
FILED
 MAR 31 2015

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: [Signature]
 Date: 2/9/15
Thomas F. Callahan, Jr., President
 Print or Type Name of Authorized Representative

By 246747
Kmc