RI SOS Filing Number: 201603929880 Date: 08/22/2016 11:55 AM

Amended

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 AUG 22 AM 11:55

1. Entity ID Number	2. Exact name of the Corporation		
000681561	Red Robin International, Inc.		
3. Principal Office Address	City	State	Zip
6312 S. Fiddler's Green Cir., Ste. 200N	Greenwood Village	CO	80111
4. Business Phone Number	5. State of Incorporation		
303.846.6000	NV		

6. Brief description of the character of business conducted in Rhode Island

Operator of Casual Dining Restaurants

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Terry Harryman		Vice-President Name	Michael L. Kaplan	
Street Address	6312 S. Fiddler's Green Cir., Ste. 200N		Street Address	6312 S. Fiddler's Green Cir., Ste. 200N	
City	Greenwood Village	State CO Zip 80111	City	Greenwood Village	State CO Zip 80111
Secretary Name	Sarah A. Mussetter		Treasurer Name	Terry Harryman	
Street Address	6312 S. Fiddler's Green Cir., Ste. 200N		Street Address	6312 S. Fiddler's Green Cir., Ste. 200N	
City	Greenwood Village	State CO Zip 80111	City	Greenwood Village	State CO Zip 80111

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Michael L. Kaplan		Director Name	Terry Harryman	
Street Address	6312 S. Fiddler's Green Cir., Ste. 200N		Street Address	6312 S. Fiddler's Green Cir., Ste. 200N	
City	Greenwood Village	State CO Zip 80111	City	Greenwood Village	State CO Zip 80111

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1000	CWP	.001
Changes require an additional filing.			

11. 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.

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.

Name of Authorized Representative	Date
Michael L. Kaplan	July 18, 2016

Signature of Authorized Representative

Michael L. Kaplan SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
AUG 22 2016
By A.A. 11:55 A.M.

FORM 630 - Revised: 05/2016

State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

August 22, 2016 11:55 AM

Nellie M. Gorbea
Secretary of State

141028-5-1119182