

Amended



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

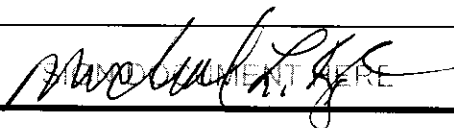
→ Filing period: January 1 - March 1

→ 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 000681561		2. Exact name of the Corporation Red Robin International, Inc.												
3. Principal Office Address 6312 S. Fiddler's Green Cir., Ste. 200N		City Greenwood Village	State CO	Zip 80111										
4. Business Phone Number 303.846.6000		5. State of Incorporation 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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>1000</td><td>CWP</td><td>.001</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CWP	.001			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	CWP	.001												
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 Michael L. Kaplan				Date July 18, 2016										
Signature of Authorized Representative 														

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.



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:

Nellie M. Gorbea
Secretary of State

