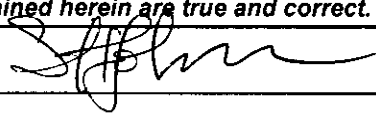


State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

Annual Report for the year: 2017
 Corporation

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

1. Entity ID Number 000889697		2. Exact name of the Corporation TRDR, INC			
3. Principal Office Address 1848 MAIN ROAD			City TIVERTON	State RI	Zip 02878
4. Business Phone Number 401-816-5001			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island RESTAURANT					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name STEPHEN JOHNSON			Vice-President Name		
Street Address 1680K DRIFTWOOD ROAD			Street Address		
City WESTPORT	State MA	Zip 02790	City	State	Zip
Secretary Name STEPHEN JOHNSON			Treasurer Name STEPHEN JOHNSON		
Street Address 1680K DRIFTWOOD ROAD			Street Address 1680K DRIFTWOOD ROAD		
City WESTPORT	State MA	Zip 02790	City WESTPORT	State MA	Zip 02790
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name STEPHEN JOHNSON			Director Name		
Street Address 1680K DRIFTWOOD ROAD			Street Address		
City WESTPORT	State MA	Zip 02790	City	State	Zip
9. Shares Authorized		10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		10000		COMMON	01
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 2/4/17
Signature of Authorized Representative STEPHEN JOHNSON					

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
 MAR 15 2017

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