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

FILED
MAR 02 2018
BY 11696

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Annual Report for the year: 2018
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	2. Exact name of the Corporation
104364	TCG Coffee Company

3. Principal Office Address	City	State	Zip
371 Brown's Lane	Middletown	RI	02842

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722513	To own and operate a coffee, bakery good, and other food service retail store
5. State of Incorporation	
Rhode Island	

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

President Name	Vice-President Name
Alyssa M. Cerceo Gladchun	
Street Address: 371 Brown's Lane	Street Address:
City: Middletown, State: RI, Zip: 02842	City: , State: , Zip:
Secretary Name: Steven M. McInnis	Treasurer Name: Alyssa M. Cerceo Gladchun
Street Address: 38 Bellevue Avenue, Suite H	Street Address: 371 Brown's Lane
City: Newport, State: RI, Zip: 02840	City: Middletown, State: RI, Zip: 02842

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

Director Name	Director Name
Alyssa M. Cerceo Gladchun	
Street Address: 371 Brown's Lane	Street Address:
City: Middletown, State: RI, Zip: 02842	City: , State: , Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$.01 Par

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
Alyssa M. Cerceo Gladchun	1.31.2018

Signature of Authorized Representative: 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

FORM 630 - Revised: 10/2017