



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

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.

FILED

STAMP

MAR 02 2018

BY

11696

[Signature]

1. Entity ID Number 104364		2. Exact name of the Corporation TCG Coffee Company			
3. Principal Office Address 371 Brown's Lane		City Middletown		State RI	Zip 02842
4. NAICS Code 722513	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name Alyssa M. Cerceo Gladchun			Vice-President Name		
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 <input type="checkbox"/>					
Director Name Alyssa M. Cerceo Gladchun			Director Name		
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			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 Alyssa M. Cerceo Gladchun					Date 1-31-2018
Signature of Authorized Representative <i>[Signature]</i>					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov