



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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS  
 2018 SEP 24 AM 9:31  
 02920

1. Entity ID Number <b>000143457</b>		2. Exact name of the Corporation <b>G. Lounge Inc.</b>	
3. Principal Office Address <b>349 Dyer Ave Cranston</b>		City <b>Cranston</b>	State <b>RI</b>
4. NAICS Code <b>722410</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO OWN and operate Restaurants, Bar's Night clubs, Lounges</b>	
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Sergio Rodriguez</b>		Vice-President Name	
Street Address <b>349 DYER AVE</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
Secretary Name		Treasurer Name <b>Monica Rodriguez</b>	
Street Address		Street Address <b>10 Donna's way</b>	
City	State	Zip	City <b>COVENTRY</b>
			State <b>RI</b>
			Zip <b>02816</b>
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued <b>100</b> <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	CLASSIFRIES
Changes require an additional filing.		<b>100</b>	<b>Stock</b>
			<b>0</b>
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.			
<b>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.</b>			
Name of Authorized Representative			Date <b>9/24/18</b>
Signature of Authorized Representative <b>Sergio Rodriguez</b>			<b>FILED</b>

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

SEP 24 2018

**CS101D**