



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 DIV
2019 JAN -4 PM 2:40

STAMP

1. Entity ID Number 67233		2. Exact name of the Corporation GDB Incorporated			
3. Principal Office Address 5 Elmwood Terrace		City No. Scituate	State RI	Zip 02857	
4. NAICS Code 424330		6. Brief description of the character of business conducted in Rhode Island Sale of childrens clothing, furniture and accessories			
5. State of Incorporation R.I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Diane Bianco			Vice-President Name George A. Bianco Jr.		
Street Address 5 Elmwood Terr.			Street Address 5 Elmwood Terr.		
City No. Scituate	State RI	Zip 02857	City No. Scituate	State RI	Zip 02857
Secretary Name George A. Bianco Jr.			Treasurer Name Diane Bianco		
Street Address 5 Elmwood Terr.			Street Address 5 Elmwood Terr.		
City No. Scituate	State RI	Zip 02857	City No. Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Diane Bianco			Director Name George A. Bianco Jr.		
Street Address 5 Elmwood Terr.			Street Address 5 Elmwood Terr.		
City No. Scituate	State RI	Zip 02857	City No. Scituate	State RI	Zip 02857
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 Diane Bianco					Date 12-30-18
Signature of Authorized Representative Diane Bianco					FILED JAN 04 2019 BY VT A7H A.A. 2:41 PM

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