

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

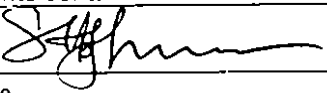
Annual Report for the year: 2019

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 P.O. BOX 181			City TIVERTON	State RI	Zip 02878
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island RESTAURANT				
5. State of Incorporation RI					
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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 10000	CLASS/SERIES COMMON	PAR VALUE 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 2/6/19
Signature of Authorized Representative STEPHEN JOHNSON					FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 11 2019

BY

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FORM 630 - Revised 10/2017