



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

Annual Report for the year: **2019**
Corporation

STAFF

- 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 64798		2. Exact name of the Corporation RDBG, INC.			
3. Principal Office Address 804 PARK AVENUE			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island OPERATION OF A RESTAURANT			
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 DEBORAH GERNT			Vice-President Name		
Street Address 665 IRON MINE HILL ROAD			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DEBORAH GERNT			Director Name		
Street Address 665 IRON MINE HILL ROAD			Street Address		
City NORTH SMITHFIELD	State RI	Zip 02896	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	COMMON	NO 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 DEBORAH GERNT					Date 2-15-19
Signature of Authorized Representative <i>Deborah Gernt</i>					FILED <i>2</i>

MAIL TO:
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Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017