



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2019 FEB 20 AM 11:41

1 Entity ID Number 000068659		2 Exact name of the Corporation Redgate Group, Inc.												
3 Principal Office Address 185 Putnam Pike			City Chepachet	State RI	Zip 02814									
4 NAICS Code 541430	6 Brief description of the character of business conducted in Rhode Island Multi Media Design													
5 State of Incorporation RI														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐									
President Name Gregory A. Duchesne			Vice-President Name Lisa Duchesne											
Street Address 4 Meghan Circle			Street Address 4 Meghan Circle											
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828									
Secretary Name Gregory A. Duchesne			Treasurer Name Gregory A. Duchesne											
Street Address 4 Meghan Circle			Street Address 4 Meghan Circle											
City Smithfield	State RI	Zip 02828	City Smithfield	State RI	Zip 02828									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐									
Director Name Gregory A. Duchesne			Director Name											
Street Address 4 Meghan Circle			Street Address											
City Smithfield	State RI	Zip 02828	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.		Check the box to indicate an attachment ☐												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>400</td> <td>CNP</td> <td>\$00.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	400	CNP	\$00.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
400	CNP	\$00.00												
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 Gregory A. Duchesne					Date 2/15/2019									
Signature of Authorized Representative 					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 20 2019
BY **G-B32V**
A.A.

FORM 630 - Revised: 10/2017