



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

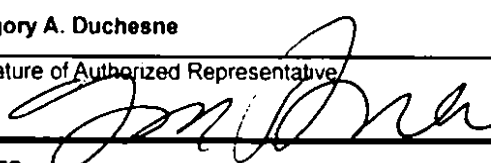
Annual Report for the year: **2019**
Corporation

→ 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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.		10 Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		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 					SIGN DOCUMENT HERE FILED

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFEB 20 2019
BY **G-B32V**
A.A.

FORM 630 - Revised: 10/2017