



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

FILED

FEB 03 2020

BY 2587 DS

Annual Report for the year: **2020**
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 000542072		2. Exact name of the Corporation TCG, INC.			
3. Principal Office Address 473 Tiogue Avenue			City Coventry		State RI
					Zip 02816
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island 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 JASON PILDERIAN			Vice-President Name SHANA PILDERIAN		
Street Address 23 Talbut Road			Street Address 23 Talbut Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
Secretary Name JASON PILDERIAN			Treasurer Name JASON PILDERIAN		
Street Address 23 Talbut Road			Street Address 23 Talbut Road		
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			100 SHARES		COMMON
					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 JASON PILDERIAN					Date 1/31/2020
Signature of Authorized Representative 					

SIGN DOCUMENT HERE