



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

FILED

Annual Report for the year: 2020
Corporation

FEB 21 2020 STAMP
 BY 28259 PS

- 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 98558		2. Exact name of the Corporation DOUBLE RB, INC.			
3. Principal Office Address 82 EAST MAIN ROAD			City MIDDLETOWN	State RI	Zip 02842
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island THE OPERATION OF A RESTAURANT AND THE SALE OF FOOD PRODUCTS AND RELATED ITEMS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name AMY K. WEARDON			Vice-President Name ROBERT BRINGHURST		
Street Address 16701 WESTVIEW TRAIL			Street Address 82 EAST MAIN ROAD		
City AUSTIN	State TX	Zip 78737	City MIDDLETOWN	State RI	Zip 02842
Secretary Name NONE			Treasurer Name NONE		
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 NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
			NONE		PAR VALUE
					0
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 Amy K. Wearden				Date 01/11/2020	
Signature of Authorized Representative <i>Amy K. Wearden</i>				SIGN DOCUMENT HERE	