State of Rhode Island
Department of State - Business Services Division

FILED
FEB 18 2021
STAMP
BY 13818

Annual Report for the year: 2021
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	2. Exact name of the Corporation			
53220	JG & BD TAVERN, INC.			
3. Principal Office Address		City	State	Zip
2 Proto Lane		Bristol	RI	02809-0000
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	operation of a bar/restaurant			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Robert Drew, Jr.			Robert Drew, Jr.		
Street Address			Street Address		
2 Proto Lane			2 Proto Lane		
City	State	Zip	City	State	Zip
Bristol	RI	02809-	Bristol	RI	02809-
Secretary Name			Treasurer Name		
Robert Drew, Jr.			Robert Drew, Jr.		
Street Address			Street Address		
2 Proto Lane			2 Proto Lane		
City	State	Zip	City	State	Zip
Bristol	RI	02809-	Bristol	RI	02809-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Robert Drew, Jr.			none		
Street Address			Street Address		
2 Proto Lane			none		
City	State	Zip	City	State	Zip
Bristol	RI	02809-	none	none	none
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	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		Date
Robert Drew, Jr.	President	1/04/2021

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020