RI SOS Filing Number: 202447183870 Date: 2/23/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 23 2024
BY

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
64798	RDBG, INC.

3. Principal Office Address	City	State	Zip
804 PARK AVENUE	WOONSOCKET	RI	02895

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
722511	OPERATION OF A RESTAURANT
5. State of Incorporation: RHODE ISLAND	

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

President Name: DEBORAH GERNT			Vice-President Name:		
Street Address: 665 IRON MINE HILL ROAD			Street Address:		
City: NORTH SMITHFIELD	State: RI	Zip: 02896	City:	State:	Zip:
Secretary Name:			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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

Director Name: DEBORAH GERNT			Director Name:		
Street Address: 665 IRON MINE HILL ROAD			Street Address:		
City: NORTH SMITHFIELD	State: RI	Zip: 02896	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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
600	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
DEBORAH GERNT	2-21-24

Signature of Authorized Representative: /s/ Deborah Gernt

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: 1/2021