



State of Rhode Island
Department of State - Business Services Division

FIELD OFFICE

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 07 2025

BY 4443 LKS

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 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	
			100 Shares	Common	No Par Value	
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 2/4/25	
Signature of Authorized Representative 						

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov