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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
139396	RAVEN BUSINESS GROUP, INC.		
3. Street Address Principal Business Office	City	State	Zip
77 BROWNELL AVE.	NEW BEDFORD	MA	02740
4. Business Phone No.	5. State of Incorporation		
508 961-0050	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
To sell products and provide counsel on management, marketing, organizational development, financial and related business issues

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
GLENN BACHMAN	77 Brownell Avenue	New Bedford	MA	02740

Vice President Name	Street Address	City	State	Zip
Shannon Bachman	77 Brownell Ave	New Bedford	MA	02740

Secretary Name	Street Address	City	State	Zip
- VACANT -				

Treasurer Name	Street Address	City	State	Zip
- VACANT -				

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
GLENN BACHMAN	77 Brownell Ave.	New Bedford	MA	02740

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
10,000,000		NO PAR VALUE

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
NONE		

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.

[redacted] [redacted]

IV

FILED
File Date APR 07 2008
Check No. 0
By: By 092869
FOR SECRETARY OF STATE USE ONLY

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.

Glenn Bachman — *Signature* — 4/4/08 — *Date*

GLENN BACHMAN — *Print or Type Name*

President — *Title*

[redacted]

Form 630 Rev. 12/06

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