



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>788673</b>		2. Exact name of the Corporation <b>HAVN, INC</b>		
3. Principal office address <b>One Ship Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No.		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Operate a liquor store</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>Howard W. Mahady, Jr.</b>		Vice-President Name <b>Andrea Sloan and Vincent Scorziello</b>		
Street Address <b>One Ship Street</b>		Street Address <b>One Ship Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>
Secretary Name <b>Natalie Butler</b>		Treasurer Name <b>Natalie Butler</b>		
Street Address <b>One Ship Street</b>		Street Address <b>One Ship Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>Howard W. Mahady, Jr.</b>		Director Name <b>Natalie Butler</b>		
Street Address <b>same as above</b>		Street Address <b>same as above</b>		
City	State	Zip	City	State
Director Name <b>Andrea Sloan</b>		Director Name <b>Vincent Scorziello</b>		
Street Address <b>same as above</b>		Street Address <b>same as above</b>		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1,000	CNP	No Par

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**  
JAN 30 2013

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.

*Howard W. Mahady, Jr.* 1-18-13  
 Signature of Authorized Representative Date

**Howard W. Mahady, Jr.**

Print or Type Name of Authorized Representative

By MAC  
 CN # 14257