



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 2014

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.<br>709920                                                                                                                                 |             | 2. Exact name of the Corporation<br>Revival Brewing Company |                                                                     |              |              |
| 3. Principal office address<br>95 Chestnut Street, Third Floor                                                                                             |             | City<br>Providence                                          | State<br>RI                                                         | Zip<br>02903 |              |
| 4. Business Phone No.<br>(401) 354-7001                                                                                                                    |             | 5. State of Incorporation<br>Delaware                       |                                                                     |              |              |
| 6. Brief description of the character of business conducted in Rhode Island<br>To engage in the business of brewing and selling alcoholic beverages        |             |                                                             |                                                                     |              |              |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                               |             |                                                             |                                                                     |              |              |
| President Name<br>Owen Johnson                                                                                                                             |             |                                                             | Vice-President Name                                                 |              |              |
| Street Address<br>95 Chestnut Street, Third Floor                                                                                                          |             |                                                             | Street Address                                                      |              |              |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02903                                                | City                                                                | State        | Zip          |
| Secretary Name<br>Sean Larkin                                                                                                                              |             |                                                             | Treasurer Name<br>Owen Johnson                                      |              |              |
| Street Address<br>95 Chestnut Street, Third Floor                                                                                                          |             |                                                             | Street Address<br>95 Chestnut Street, Third Floor                   |              |              |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02903                                                | City<br>Providence                                                  | State<br>RI  | Zip<br>02903 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                              |             |                                                             |                                                                     |              |              |
| Director Name<br>Owen Johnson                                                                                                                              |             |                                                             | Director Name<br>Clay Rockefeller                                   |              |              |
| Street Address<br>95 Chestnut Street, Third Floor                                                                                                          |             |                                                             | Street Address<br>95 Chestnut Street, Third Floor                   |              |              |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02903                                                | City<br>Providence                                                  | State<br>RI  | Zip<br>02903 |
| Director Name<br>Sean Larkin                                                                                                                               |             |                                                             | Director Name                                                       |              |              |
| Street Address<br>95 Chestnut Street, Third Floor                                                                                                          |             |                                                             | Street Address                                                      |              |              |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02903                                                | City                                                                | State        | Zip          |
| 9. SHARES AUTHORIZED                                                                                                                                       |             |                                                             | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| 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    |
|                                                                                                                                                            |             |                                                             | 7,641,683.194                                                       | Common       | \$0.001 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

Form No. 830  
Revised: 01/2012

FILED

MAR 04 2014

By: 49-219036

A.A.

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.

Signature of Authorized Representative

Owen Johnson, President

Print or Type Name of Authorized Representative

February, 2014

Date