

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 2015

1. Entity ID No.	2. Exact nam	2. Exact name of the Corporation					
709920	Revival B	Revival Brewing Company					
3. Principal office address	•			State	Zip 0290:	1	
95 Chestnut Street, Third Floor			Providence	RI	0290.		
4. Business Phone No.			5. State of Incorporation	on			
(401) 354-7001 6. Brief description of the character of business conducted in Rhode Island			Delaware				
6. Brief description of the chara To engage in the busine				_			
7. LIST <u>ALL</u> OFFICERS (NAM	IES AND ADDRI	ESSES) ("X" BOX FOR A	TTACHMENT)	-			
President Name			Vice-President Name				
Owen Johnson			None				
Street Address	ed Class		Street Address				
95 Chestnut Street, Thi	State	17in	City	State	Zip		
Providence	RI	^{Zip} 02903	City				
Secretary Name					•		
Sean Larkin			Owen Johnson				
Street Address			Street Address				
95 Chestnut Street, Third Floor			95 Chestnut Street, Third Floor				
Providence	State RI	^{Zip} 02903	City Providence RI		^{Zlp} 02903		
8. LIST <u>ALL</u> DIRECTORS (NA	MES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)				
Director Name			Director Name			25	
Owen Johnson			Clay Rockefeller			2015	
Street Address 95 Chestnut Street, Third Floor			Street Address 95 Chestnut Street, Third Floor			HA R	
	State	Zip	City	State	Zip		
Providence	RI	02903	Providence	RI	02903	~ `	
Director Name			Oirector Name				
Sean Larkin	· ·					<u> </u>	
Street Address			15treet Address				
95 Chestnut Street, Thir		T	A	State	Zîp		
Cily Providence	State	(Zip 02903	City	Sigle	Zip	64	
	<u> Ri</u>	02903	40 CHARCOICCIED	"Y" BOY FOR ATTA	CHRENT	<u> </u>	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) NUMBER OF SHARES CLASS/BERIES PAR VALUE				
This information is currently of record in the Office of the Secretary							
of State. Changes require an additional filing.			7,641,683.194	Common	\$0.001 par		
See Section 9 of instruction s							
			d representative. If the s	ornaretion is in the her	nde of a receiver or t	nustee	
This report must be executed of	n behail of the C this report mus	orporation by an authorize I be executed on behalf of	iu representative, il the c The corporation by the re	orporauori is in indicitie. Aceiver or Iruslee.	ALL DI & PUDDINGI OF I		
	ropore muo		Under penalty of pa	rjury, i declare a <u>nd</u> g	film that I have ex	mined	
File Date			this seport, includin	rjury, i declare and a g any accompanying	schedules and sta	tements,	
		FILED C	and that all statems	nte contelned herein		17	
Check No	FILED		V	U~~ " Y — F		ebruary 201	
Ву:			Signature of Authorit	zed Representative	D	ate	
FOR SECRETARY OF STATE USE ONLY MAR 0 2 2015			Owen Johnson, President Print or Type Name of Authorized Representative				
FOR SECRETARY OF STATE	USE ONLY	WALL 2013			ntalivo		
FOR SECRETARY OF STATE form No. 630	USE ONLY	1 - /- //			ntalive		