



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

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. 709920		2. Exact name of the Corporation Revival Brewing Company			
3. Principal office address 95 Chestnut Street, Third Floor		City Providence		State RI	Zip 02903
4. Business Phone No. (401) 354-7001		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island 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 Owen Johnson		Vice-President Name None			
Street Address 95 Chestnut Street, Third Floor		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Sean Larkin		Treasurer Name Owen Johnson			
Street Address 95 Chestnut Street, Third Floor		Street Address 95 Chestnut Street, Third Floor			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Owen Johnson		Director Name Clay Rockefeller			
Street Address 95 Chestnut Street, Third Floor		Street Address 95 Chestnut Street, Third Floor			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Sean Larkin		Director Name			
Street Address 95 Chestnut Street, Third Floor		Street Address			
City Providence	State RI	Zip 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 8 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

MAR 02 2015

Form No. 630
Revised: 01/2012

BY CA 243488

FILED

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

February 17, 2015

Date

Owen Johnson, President

Print or Type Name of Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
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