



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. <u>000705492</u>		2. Exact name of the Corporation <u>RAVENOUS Brewing Company</u>		
3. Principal office address <u>840 Cumberland Hill Rd # 10</u>		City <u>Westerly</u>	State <u>RI</u>	Zip <u>02895</u>
4. Business Phone No. <u>401-216-5331</u>		5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>BEER Brewing Company</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name <u>DORIAN RAVE</u>		Vice-President Name <u>SAME</u>		
Street Address <u>85 W. IRONSTONE RD</u>		Street Address		
City <u>Burrillville</u>	State <u>RI</u>	Zip <u>02830</u>	City	State
Secretary Name <u>SAME</u>		Treasurer Name <u>SAME</u>		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name <u>DORIAN RAVE</u>		Director Name <u>SAME</u>		
Street Address <u>85 W IRONSTONE RD</u>		Street Address		
City <u>Burrillville</u>	State <u>RI</u>	Zip <u>02830</u>	City	State
Director Name <u>SAME</u>		Director Name <u>SAME</u>		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED <input checked="" type="checkbox"/>				
10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input checked="" 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.				
8,000		NUMBER OF SHARES 8,000	CLASS/SERIES STK	PAR VALUE .0100

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SECRETARY OF STATE
CORPORATIONS DIV
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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	

9:35 AM
FILED

FOR SECRETARY OF STATE USE ONLY MAR 18 2015

Form No. 630
Revised: 01/2012

244957

KM

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.

DORIAN RAVE 3/11/2015
Signature of Authorized Representative Date

DORIAN RAVE
Print or Type Name of Authorized Representative