



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>799716</b>		2. Name of Corporation <b>Ravers Inc.</b>			
3. Street Address Principal Business Office <b>4030 Kingstown Road</b>			City <b>West Kingstown</b>	State <b>RI</b>	Zip <b>02892</b>
4. Business Phone No. <b>(401)789-3842</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>TO CONDUCT THE GENERAL BUSINESS OF ENTERTAINMENT, INCLUDING BUT NOT LIMITED TO MUSICAL, SINGING, ACTING AND ARTISTIC PERFORMANCE.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Carey M. Bowman</b>			Vice President Name <b>Adam Aleicho</b>		
Street Address <b>4030 Kingstown Road</b>			Street Address <b>4030 Kingstown Road</b>		
City <b>West Kingstown</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>West Kingstown</b>	State <b>RI</b>	Zip <b>02892</b>
Secretary Name <b>Raymond G. Gennari</b>			Treasurer Name <b>Raymond G. Gennari</b>		
Street Address <b>4030 Kingstown Road</b>			Street Address <b>4030 Kingstown Road</b>		
City <b>West Kingstown</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>West Kingstown</b>	State <b>RI</b>	Zip <b>02892</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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.					
ISSUED SHARES - THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
<b>300 shares common stock of no par value</b>					

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.

**FILED**

**FEB 12 2016**

File Date

Check No.

**CM 1346**

By:

FOR SECRETARY OF STATE USE ONLY

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.

*Carey M. Bowman* 1-22-2016  
Signature Date

**Carey M. Bowman**  
Print or Type Name

**President**  
Title