



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.<br><b>799716</b>  |                    | 2. Name of Corporation<br><b>Ravers Inc.</b>     |  |                    |                     |
| 3. Street Address Principal Business Office<br><b>4030 Kingstown Road</b>   |                    |  | City<br><b>West Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02892</b> |
| 4. Business Phone No.<br><b>(401)789-3842</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b> |  |                    |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><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<br><b>Carey M. Bowman</b>  |                    |  | Vice President Name<br><b>Adam Aleicho</b>                           |                    |                     |
| Street Address<br><b>4030 Kingstown Road</b>  |                    |  | Street Address<br><b>4030 Kingstown Road</b>                         |                    |                     |
| City<br><b>West Kingstown</b>   | State<br><b>RI</b> | Zip<br><b>02892</b>                              | City<br><b>West Kingstown</b>  | State<br><b>RI</b> | Zip<br><b>02892</b> |
| Secretary Name<br><b>Raymond G. Gennari</b>   |                    |  | Treasurer Name<br><b>Raymond G. Gennari</b>                          |                    |                     |
| Street Address<br><b>4030 Kingstown Road</b>  |                    |  | Street Address<br><b>4030 Kingstown Road</b>                         |                    |                     |
| City<br><b>West Kingstown</b>   | State<br><b>RI</b> | Zip<br><b>02892</b>                              | City<br><b>West Kingstown</b>  | State<br><b>RI</b> | Zip<br><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 <u>MUST</u> 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