



State of Rhode Island and Providence Plantations  
Department of State – Business Services Division

ANNUAL REPORT FOR THE YEAR 2017  
Corporation

- Filing Period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1

1. Corporate ID No. <b>83205</b>		2. Name of Corporation <b>Verve, inc.</b>			
3. Street Address Principal Business Office <b>498 Pine Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>31-33</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>To manufacture and distribute products</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Deborah A. Schimberg</b>			Vice President Name <b>Kevin M. Neel</b>		
Street Address <b>498 Pine Street</b>			Street Address <b>498 Pine Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>Deborah A. Schimberg</b>			Treasurer Name <b>Kevin M. Neel</b>		
Street Address <b>498 Pine Street</b>			Street Address <b>498 Pine Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Deborah A. Schimberg</b>			Director Name		
Street Address <b>498 Pine Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	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>100 shares common stock of \$.10 par value</b>		

11. 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.

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.

Deborah A. Schimberg  
Signature

1/10/2017  
Date

Deborah A. Schimberg

Print or Type Name

President

Title

**FILED**

JAN 24 2017

BY 2111 DS

MAIL TO:

Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)