



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. 799716		2. Name of Corporation Ravers Inc.			
3. Street Address Principal Business Office 4030 Kingstown Road			City West Kingstown	State RI	Zip 02892
4. NAICS Code 71		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT THE GENERAL BUSINESS OF ENTERTAINMENT, INCLUDING BUT NOT LIMITED TO MUSICAL, SINGING, ACTING AND ARTISTIC PERFORMANCE.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Carey M. Bowman			Vice President Name Adam Aleicho		
Street Address 4030 Kingstown Road			Street Address 4030 Kingstown Road		
City West Kingstown	State RI	Zip 02892	City West Kingstown	State RI	Zip 02892
Secretary Name Raymond G. Gennari			Treasurer Name Raymond G. Gennari		
Street Address 4030 Kingstown Road			Street Address 4030 Kingstown Road		
City West Kingstown	State RI	Zip 02892	City West Kingstown	State RI	Zip 02892
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ 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) ☐			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ☐		
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
			300 shares common stock of no par value		

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.

Signature

Date

Carey M. Bowman

Print or Type Name

President

Title

FILED

JAN 24 2017

BY

1455 DS

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040