




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. Entity ID Number 788673		2. Exact name of the Corporation HAVN, INC			
3. Principal Office Address One Ship Street			City Providence	State RI	Zip 02903
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Operate a liquor store			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Howard W. Mahady, Jr.			Vice-President Name Andrea Sloan and Vincent Scorziello		
Street Address One Ship Street			Street Address One Ship Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Natalie Butler			Treasurer Name Natalie Butler		
Street Address One Ship Street			Street Address One Ship Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			1,000	CNP	No Par
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.					
Name of Authorized Representative Howard W. Mahady, Jr.					Date 1/15/17
Signature of Authorized Representative 					FILED FEB 21 2017

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

BY

FORM 630 - Revised: 10/2016