RI SOS Filing Number: 201857123160 Date: 1/29/2018 4:00:00 PM

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

STAMP

ANNUAL REPORT FOR THE YEAR 2018

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.	2 Name of Corporation
83205	Verve, inc.

3 Street Address Principal Business Office	City	State	Zip
498 Pine Street	Providence	RI	02907

4 NAICS Code	5 State of Incorporation
339910	Rhode Island

6 Brief Description of the Character of Business Conducted in Rhode Island
To manufacture and distribute products

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Deborah A. Schimberg	498 Pine Street	Providence	RI	02907

Vice President Name	Street Address	City	State	Zip
Kevin M. Neel	498 Pine Street	Providence	RI	02907

Secretary Name	Street Address	City	State	Zip
Deborah A. Schimberg	498 Pine Street	Providence	RI	02907

Treasurer Name	Street Address	City	State	Zip
Kevin M. Neel	498 Pine Street	Providence	RI	02907

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Deborah A. Schimberg	498 Pine Street	Providence	RI	02907

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED: *("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.

10. SHARES ISSUED: *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
100 shares common stock of $.10 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.

Deborah A. Schimberg — *Signature* — 1/20/17 — *Date*

Deborah A. Schimberg — *Print or Type Name*

President — *Title*

FILED
JAN 29 2018
BY 2243DS

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

Form 630 – Revised: 10/2016