



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 83205		2 Name of Corporation Verve, inc.			
3 Street Address Principal Business Office 498 Pine Street		City Providence		State RI	Zip 02907
4 NAICS Code 339910		5 State of Incorporation 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 Deborah A. Schimberg			Vice President Name Kevin M. Neel		
Street Address 498 Pine Street			Street Address 498 Pine Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Deborah A. Schimberg			Treasurer Name Kevin M. Neel		
Street Address 498 Pine Street			Street Address 498 Pine Street		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Deborah A. Schimberg			Director Name		
Street Address 498 Pine Street			Street Address		
City Providence	State RI	Zip 02907	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 100 shares common stock of \$.10 par value	Class Series	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

FILED

President
Title

JAN 29 2018

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

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