


 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 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 711130		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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			Vice President Name		
President Name Carey M. Bowman			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) <input type="checkbox"/> 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) <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 <u>MUST</u> 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.

Carey M. Bowman
 Signature

02-08-2018
 Date

Carey M. Bowman
 Print or Type Name

President
 Title

FILED

FEB 16 2018

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

BY 15310