



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 <b>799716</b>		2. Name of Corporation <b>Ravers Inc.</b>			
3. Street Address Principal Business Office <b>4030 Kingstown Road</b>			City <b>West Kingstown</b>	State <b>RI</b>	Zip <b>02892</b>
4. NAICS Code <b>71130</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>TO CONDUCT THE GENERAL BUSINESS OF ENTERTAINMENT, INCLUDING BUT NOT LIMITED TO MUSICAL, SINGING, ACTING AND ARTISTIC PERFORMANCE.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Carey M. Bowman</b>			Vice President Name <b>Adam Aleicho</b>		
Street Address <b>4030 Kingstown Road</b>			Street Address <b>4030 Kingstown Road</b>		
City <b>West Kingstown</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>West Kingstown</b>	State <b>RI</b>	Zip <b>02892</b>
Secretary Name <b>Raymond G. Gennari</b>			Treasurer Name <b>Raymond G. Gennari</b>		
Street Address <b>4030 Kingstown Road</b>			Street Address <b>4030 Kingstown Road</b>		
City <b>West Kingstown</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>West Kingstown</b>	State <b>RI</b>	Zip <b>02892</b>
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 <b>MUST</b> BE COMPLETED		
			Number of Shares	Class Series	Par Value
			<b>300 shares common stock of no par value</b>		

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