RI SOS Filing Number: 202190923570 Date: 2/10/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED STAMP
FEB 10 2021
BY: 1540 DS

Annual Report for the year: 2021
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	2. Exact name of the Corporation		
000034679	RAVE REALTY COMPANY, INC		
3. Principal Office Address	City	State	Zip
7 NORTHUP PLAT ROAD	COVENTRY	RI	02816
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
531120	REAL ESTATE AND ANY OTHER RELATED LAWFUL PURPOSE		
5. State of Incorporation			
RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: RAYMOND RAVE			Vice-President Name: RAYMOND RAVE		
Street Address: 7 NORTHUP PLAT ROAD			Street Address: 7 NORTHUP PLAT ROAD		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816
Secretary Name: RAYMOND RAVE			Treasurer Name: RAYMOND RAVE		
Street Address: 7 NORTHUP PLAT ROAD			Street Address: 7 NORTHUP PLAT ROAD		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This Information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	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	Date
RAYMOND RAVE	01/12/2021

Signature of Authorized Representative

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: 08/2020