



State of Rhode Island

Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR -8 PM 4:07

1. Entity ID Number 000788673		2. Exact name of the Corporation HAVN, Inc.			
3. Principal Office Address 116 Orange Street			City Providence	State RI	Zip 02903
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Operate a liquor store			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Howard W. Mahady, Jr.			Vice-President Name Andrea Sloane and Vincent Scorziello		
Street Address 116 Orange Street			Street Address 116 Orange Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Natalie Butler			Treasurer Name Natalie Butler		
Street Address 116 Orange Street			Street Address 116 Orange Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 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
			1000	CNP	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 Howard W. Mahady, Jr.					Date 1.0.21
Signature of Authorized Representative 					

FILED

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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