



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.

RECEIVED  
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>CNP</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	CNP	No Par			
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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