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State of Rhode Island

Department of State - Business Services Division

FILED
MAR 17 2021
BY. A-242

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
507197	RAYN ENTERPRISES INC

3. Principal Office Address	City	State	Zip
7 TARA WAY	LINCOLN	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541940	BOOKKEEPING AND TAX SERVICES
5. State of Incorporation	
RHODE ISLAND	

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

President Name	Vice-President Name
RAYMOND NEVES	ANA MARIA F NEVES
Street Address: 7 TARA WAY	Street Address: 7 TARA WAY
City: LINCOLN State: RI Zip: 02865	City: LINCOLN State: RI Zip: 02865
Secretary Name	**Treasurer Name**
RAYMOND NEVES	ANA MARIA F NEVES
Street Address: 7 TARA WAY	Street Address: 7 TARA WAY
City: LINCOLN State: RI Zip: 02865	City: LINCOLN State: RI Zip: 02865

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

Director Name	Director Name
SAME AS ABOVE	
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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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 NEVES	03132020

Signature of Authorized Representative: Raymond Neves

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