



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001672211

**2. Name of Corporation** REVEL FACTORY, INC.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 249 ROOSEVELT AVENUE

UNIT 11

City or Town: PAWTUCKET

State: RI

Zip: 02860

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, AND EDUCATIONAL PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE CORPORATION SHALL PROVIDE ART AND EVENT SPACE TO THE COMMUNITY FOR INDIVIDUALS AND GROUPS TO EXPLORE THEIR IMAGINATION IN AN EDUCATIONAL SETTING AND BY MAKING PERFORMING ARTS ACCESSIBLE TO ALL PEOPLE WHILE FOCUSING ON THE HEALING AND RESTORATIVE EFFECTS OF ART.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
SECRETARY	ALICIA LYNN WILDER	105 MOUNT PLEASANT AVE PROVIDENCE, RI 02908-0000 USA
DIRECTOR	JOSEPH PARI	249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	ERIC J. AUGER	249 ROOSEVELT AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	ALICIA LYNN WILDER	105 MOUNT PLEASANT AVE PROVIDENCE, RI 02908 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOSEPH PARI 249 ROOSEVELT AVENUE PAWTUCKET , RI 02860

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 13 Day of October, 2021 at 10:25:34 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOE PARI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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