



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP

MAR 17 2023

BY

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BJS

1. Entity ID Number 34679		2. Exact name of the Corporation RAVE REALTY COMPANY, INC			
3. Principal Office Address 7 NORTHUP PLAT ROAD		City COVENTRY		State RI	Zip 02816
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name GERALDINE RAVE			Vice-President Name GERALDINE 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 GERALDINE RAVE			Treasurer Name GERALDINE 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 <input type="checkbox"/>					
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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	NO PAR	
Changes require an additional filing.					
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 GERALDINE RAVE				Date 8 MARCH 15, 2023	
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: 2/2023