

 State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV.

| | | | | | |
|--|--------------------|--|---|--|-------------------------|
| 1. Entity ID Number <u>070423</u> | | 2. Exact name of the Corporation <u>Revive Inc.</u> | | 2023 NOV -8 P 2:03 | |
| 3. Principal Office Address <u>c/o 21511/12 East Main Road Portsmouth</u> | | City <u>Portsmouth</u> | State <u>RI</u> | Zip <u>02871</u> | |
| 4. NAICS Code <u>812112</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>Hair Salon</u> | | | |
| 5. State of Incorporation <u>R.I.</u> | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>Sharon De Costa</u> | | | Vice-President Name <u>Mary McGeough</u> | | |
| Street Address <u>145 Hummocks Ave</u> | | | Street Address <u>41 Second St.</u> | | |
| City <u>Portsmouth</u> | State <u>RI</u> | Zip <u>02871</u> | City <u>Newport</u> | State <u>RI</u> | Zip <u>02840</u> |
| Secretary Name <u>Sharon De Costa</u> | | | Treasurer Name <u>Mary McGeough</u> | | |
| Street Address <u>same</u> | | | Street Address <u>same</u> | | |
| City | State | Zip | City | State | Zip |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name <u>Sharon De Costa</u> | | | Director Name <u>Mary McGeough</u> | | |
| Street Address <u>145 Hummocks Ave</u> | | | Street Address <u>41 Second Street</u> | | |
| City <u>Portsmouth</u> | State <u>RI</u> | Zip <u>02871</u> | City <u>Newport</u> | State <u>RI</u> | Zip <u>02840</u> |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized <u>500</u> | | 10. Shares Issued <u>200</u> | | Check the box to indicate an attachment <input type="checkbox"/> | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | |
| | | <u>200</u> | | <u>CNP</u> | |
| | | | | PAR VALUE <u>0.00</u> | |
| 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 <u>Mary E. McGeough</u> | | | | | Date <u>10-26-23</u> |
| Signature of Authorized Representative <u>Mary E. McGeough</u> | | | | | 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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BY JCT/K
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