RI SOS Filing Number: 202448655150 Date: 3/14/2024 4:00:00 PM

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.

RECD RIDOS BSD '24 MAR 14 PM3:05:06

1. Entity ID Number	2. Exact name of the Corporation			
34679	Rave Realty Co., Inc.			
3. Principal Office Address		City	State	Zip
7 Northup Plat Road		Coventry	RI	02916
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531120	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 ☐

President Name: David Rave			Vice-President Name: Geraldine Rave		
Street Address: 92 Wayland Ave.			Street Address: 7 Northup Plat Road		
City: Cranston	State: RI	Zip: 02920	City: Coventry	State: RI	Zip: 02816
Secretary Name: Lori Rave			Treasurer Name: David Rave		
Street Address: 7 Northup Plat Road			Street Address: 92 Wayland Ave.		
City: Coventry	State: RI	Zip: 02816	City: Cranston	State: RI	Zip: 02920

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

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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	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	Date
David Rave	3/29/2024

Signature of Authorized Representative: David Rave

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

MAR 14 2024
BY ML 4331

FORM 630- Revised. 12/2023