



State of Rhode Island
Department of State - Business Services Division

APR 09 2024

1104

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.

1. Entity ID Number 001742854		2. Exact name of the Corporation RAAV, INC.			
3. Principal Office Address 1 Starline Way			City Cranston	State RI	Zip 02921
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island Liquor Store			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vishal Modi			Vice-President Name Vishal Modi		
Street Address 5 Shadowbrook Xing			Street Address 5 Shadowbrook Xing		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Vishal Modi			Treasurer Name Vishal Modi		
Street Address 5 Shadowbrook Xing			Street Address 5 Shadowbrook Xing		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Vishal Modi			Director Name		
Street Address 5 Shadowbrook Xing			Street Address		
City East Greenwich	State RI	Zip 02818	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			100	CNP	0.0000
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 Vishal Modi					Date 3/22/24
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov