State of Rhode Island
Department of State - Business Services Division

APR 30 2024
155072

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	2. Exact name of the Corporation		
000486441	NRV, Inc.		
3. Principal Office Address	City	State	Zip
11 Hamilton Road	Westerly	RI	02891
4. NAICS Code: 722511	6. Brief description of the character of business conducted in Rhode Island: restaurant		
5. State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Robert M. Vocatura	11 Hamilton Road	Westerly	RI	02891

Vice-President Name	Street Address	City	State	Zip
Robert M. Vocatura	11 Hamilton Road	Westerly	RI	02891

Secretary Name	Street Address	City	State	Zip
Robert M. Vocatura	11 Hamilton Road	Westerly	RI	02891

Treasurer Name	Street Address	City	State	Zip
Robert M. Vocatura	11 Hamilton Road	Westerly	RI	02891

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

Director Name	Street Address	City	State	Zip
Robert M. Vocatura	11 Hamilton Road	Westerly	RI	02891

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	common	no par value

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: Robert M. Vocatura — Date: 4/23/24

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: 04/2023