

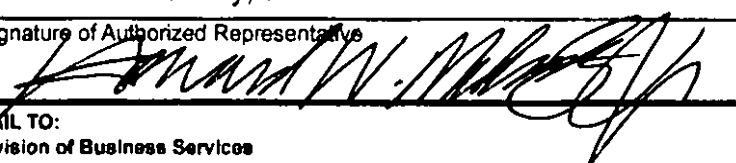
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State of Rhode Island
Department of State - Business Services Division

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.

1. Entity ID Number 000788673		2. Exact name of the Corporation HAVN, Inc.	
3. Principal Office Address 116 Orange Street		City Providence	State RI
		Zip 02903	
4. NAICS Code 445310	6. Brief description of the character of business conducted in Rhode Island operate a liquor store		
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 Howard W. Mahady, Jr.		Vice-President Name Andrea Sloan & Vincent Scorziello	
Street Address 116 Orange Street		Street Address 116 Orange Street	
City Providence	State RI	City Providence	State RI
Secretary Name Natalie Butler		Treasurer Name Natalie Butler	
Street Address 116 Orange Street		Street Address 116 Orange Street	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Howard W. Mahady, Jr.		Director Name Andrea Sloan	
Street Address Howard W. Mahady, Jr.		Street Address Howard W. Mahady, Jr.	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Director Name Vincent Scorziello		Director Name Natalie Butler	
Street Address Howard W. Mahady, Jr.		Street Address Howard W. Mahady, Jr.	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
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 <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		1,000	CNP
			No Par
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 Howard W. Mahady, Jr.		Date 5.1.24	
Signature of Authorized Representative 			

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

MAY 29 2024

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