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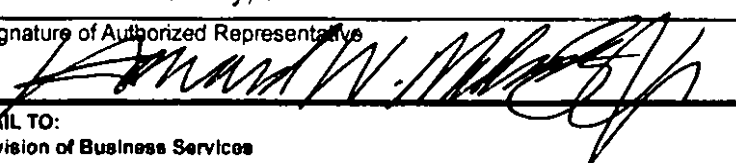


State of Rhode Island
Department of State - Business Services Division

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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FORM 630- Revised: 12/2023