



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
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1. Entity ID Number <u>00928454</u>		2. Exact name of the Corporation <u>Business Value Inc</u>	
3. Principal Office Address <u>255 Promenade St #510</u>		City <u>Providence</u>	State <u>RI</u>
4. NAICS Code <u>541611</u>		6. Brief description of the character of business conducted in Rhode Island <u>Business Consulting & Technology Services</u>	
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Paul K Graves Jr.</u>		Vice-President Name <u>Marcella Diane Graves</u>	
Street Address <u>255 Promenade St #510</u>		Street Address <u>255 Promenade St #510</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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
		<u>50,000</u>	<u>TWP</u>
		<u>50,000</u>	<u>CUP</u>
			<u>0.1</u>
			<u>0.1</u>
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 <u>Paul K Graves Jr.</u>		Date <u>4/14/25</u>	
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630- Revised: 12/2023