**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**
**Office of the Secretary of State - Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

**Filing Period:** January 1 - March 1 • **This report must be typed or printed legibly.**
**Filing Fee:** $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

| 1. Entity ID No. | 2. Exact name of the Corporation | | |
|---|---|---|---|
| **541653** | **B-FRESH, INC** | | |
| 3. Principal office address: **29 LAKESIDE DRIVE** | City: **JOHNSTON** | State: **RI** | Zip: **02919** |
| 4. Business Phone No.: **401-349-0001** | 5. State of Incorporation: **NEVADA** | | |
| 6. Brief description of the character of business conducted in Rhode Island: **DISTRIBUTION OF ALL NATURAL GUM AND MINTS** | | | |

**7. LIST OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: **ADA THISTLE** | | | Vice-President Name: **HEATHER THISTLE-HERRING** | | |
| Street Address: **29 LAKESIDE DR** | | | Street Address: **89 HUNTER AVE** | | |
| City: **JOHNSTON** | State: **RI** | Zip: **02919** | City: **JOHNSTON** | State: **RI** | Zip: **02919** |
| Secretary Name: **ADA THISTLE** | | | Treasurer Name: **ADA THISTLE** | | |
| Street Address: **29 LAKESIDE DR** | | | Street Address: **29 LAKESIDE DR** | | |
| City: **JOHNSTON** | State: **RI** | Zip: **02919** | City: **JOHNSTON** | State: **RI** | Zip: **02919** |

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: **ADA THISTLE** | | | Director Name | | |
| Street Address: **29 LAKESIDE DR** | | | Street Address | | |
| City: **JOHNSTON** | State: **RI** | Zip: **02919** | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

**9. SHARES AUTHORIZED**

**This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.**

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)** ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 0 | COMMON | NO PAR |
| | | |

*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.*

[redacted]
FOR SECRETARY OF STATE USE ONLY

FILED
AUG 14 2012
mnc
CK# 4664

**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.**

Ada Thistle — 8.8.12
Signature of Authorized Representative — Date

ADA THISTLE
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012