



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

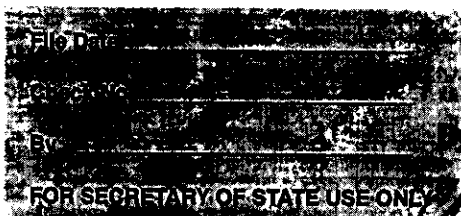
2012

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. 541653		2. Exact name of the Corporation 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 ALL 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			10. SHARES ISSUED (X BOX FOR ATTACHMENT) ☒		
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.			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.



FILED

AUG 14 2012

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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