



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 136612		2. Exact name of the Corporation Pure Beverage Systems, Inc.			
3. Principal Office Address 1015 Waterman Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 312111		6. Brief description of the character of business conducted in Rhode Island Distributor of Business Beverage Systems For Water and Coffee.			
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 David J. Manzotti			Vice-President Name Robert Greenbaum		
Street Address 7348 Mandarin Drive			Street Address 322 Cole Avenue		
City Boca Raton	State FL	Zip 33433	City Providence	State RI	Zip 02906
Secretary Name Robert Greenbaum			Treasurer Name David J. Manzotti		
Street Address 322 Cole Avenue			Street Address 7348 Mandarin Drive		
City Providence	State RI	Zip 02906	City Boca Raton	State FL	Zip 02906
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	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 David J. Manzotti, President					Date 2/20/18
Signature of Authorized Representative <i>David J. Manzotti</i>					

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

SIGN DOCUMENT HERE
FILED

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