State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2018

Corporation

→ 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	2. Exact name of the Corporation
136612	Pure Beverage Systems, Inc.

3. Principal Office Address	City	State	Zip
1015 Waterman Avenue	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
312111	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 ☐

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 ☐

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

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NONE

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: 3/20/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

APR 02 2018

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

FORM 630 - Revised: 02/2017