



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2019  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

**FILED****MAR 27 2019****STAMP**FOR  
SECRETARY OF STATE  
USE ONLYBY 136

1. Entity ID Number <b>001685501</b>		2. Exact name of the Corporation <b>PURE ECOSPA AND BOUTIQUE, INC.</b>												
3. Principal Office Address <b>3 Elisa Avenue</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>									
4. NAICS Code <b>713940</b>		6. Brief description of the character of business conducted in Rhode Island <b>Spa</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Rose Maloney</b>			Vice-President Name											
Street Address <b>3 Elisa Avenue</b>			Street Address											
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Rose Maloney</b>			Director Name											
Street Address <b>3 Elisa Avenue</b>			Street Address											
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td><b>0</b></td> <td><b>D</b></td> <td><b>no par value</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>0</b>	<b>D</b>	<b>no par value</b>			
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<b>0</b>	<b>D</b>	<b>no par value</b>												
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.														
<b>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.</b>														
Name of Authorized Representative <b>Rose Maloney</b>				Date <b>1-10-19</b>										
Signature of Authorized Representative <b>Rose Maloney</b>				SIGN DOCUMENT HERE										