



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STATE OF RHODE ISLAND
CORPORATIONS DIV

2020 JAN -8 AM 10:59

1. Entity ID Number <u>001690838</u>		2. Exact name of the Corporation <u>Pure Inc</u>										
3. Principal Office Address <u>387 ATWells Ave</u>		City <u>Providence</u>	State <u>R.I</u>									
4. NAICS Code <u>713990</u>		6. Brief description of the character of business conducted in Rhode Island <u>Lounge</u>										
5. State of Incorporation <u>R.I</u>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name <u>Charbel Kosselit</u>		Vice-President Name										
Street Address <u>114 Paine Ave</u>		Street Address										
City <u>Cranston</u>	State <u>R.I</u>	Zip <u>02910</u>										
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	Zip										
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										
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td></td> <td><u>0</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>0</u>		<u>0</u>			
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<u>0</u>		<u>0</u>										
Changes require an additional filing.												
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 <u>Charbel Kosselit</u>		Date <u>1-8-20</u>										
Signature of Authorized Representative 		FILED										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.scs.ri.gov

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