State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED TAMP

FEB 26 2021

BY 302

Annual Report for the year: 2021

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
001685501	PURE ECOSPA AND BOUTIQUE, INC.

3. Principal Office Address	City	State	Zip
3 Elisa Avenue	Westerly	RI	02891

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
72 - Accommodation and Food	Spa

5. State of Incorporation: RI

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Rose Maloney	
Street Address: 3 Elisa Avenue	Street Address:
City: Westerly State: RI Zip: 02891	City: State: Zip:
Secretary Name	Treasurer Name
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Rose Malloney	
Street Address: 3 Elisa Avenue	Street Address:
City: Westerly State: RI Zip: 02891	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
0		no 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: Rose Maloney Rose Maloney — Date: 2-20-21

Signature of Authorized Representative: Rose Maloney SIGN DOCUMENT HERE

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