RI SOS Filing Number: 202330670010 Date: 3/10/2023 4:00:00 PM

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	State of Rhode Isl
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Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corporation							
136612	Pure Beverage Systems, Inc.							
Principal Office Address			City		State	Zip		
1084 West Shore Rd, Unit 3		Warwick		RI	02889			
4. NAICS Code	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 add	resses)			Check t	he box to indic	ate an attachment		
President Name Robert Greenbaum			Vice-President Name					
Street Address 2600 S. Ocean Blvd Apt 302S			Street Address					
^{City} Palm Beach	State FL	^{Zip} 33480	City		State	Zip		
Secretary Name Robert Greenbaum			Treasurer Name Robert Greenbaum					
Street Address 2600 S. Ocean Blvd Apt 302S			Street Address 2600 S. Ocean Blvd Apt 302S					
^{City} Palm Beach	State FL	^{Zip} 33480	City Palm Beach		State FL	^{Zip} 33480		
8. List ALL directors (names and ad	ddresses)				he box to indic	ate 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	10. Shares Issu		ied					
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE		
Changes require an additional filing.		100		Common				
11. This report must be executed o	n behalf of the o	corporation by an a	uthorized repres	entative If the corpor	ation is in the l	nands of a receiver or		
trustee, this report must be execute	ed on behalf of t	he corporation by t	he receiver or tr	ustee.				
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	e comanieo i	iereni are u ue anc	Correct.		Date			
Robert Greenbaum			3/1/2023					
Signature of Authorized Representative								
Kul X Guldar								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov