



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

STAMP

Annual Report for the year: 2023

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

APR 11 2023
 BY 378
 FS

1. Entity ID Number 001685501		2. Exact name of the Corporation PURE ECOSPA AND BOUTIQUE, INC.			
3. Principal Office Address 3 Elisa Avenue		City Westerly		State RI	Zip 02891
4. NAICS Code 713940		6. Brief description of the character of business conducted in Rhode Island Spa			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rose Maloney		Vice-President Name			
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 <input type="checkbox"/>					
Director Name Rose Malloney		Director Name			
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		C. ASS/SRIFS	
		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				Date 3/20/23	
Signature of Authorized Representative <i>Rose Maloney</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov