RI SOS Filing Number: 202338531070 Date: 6/20/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2023	JUN 2 0 2023 5
Corporation	97
Filing period: February 1 - May 1	1 }
→ Filing Fee: \$50.00	

Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number	2. Exact name of the Corporation							
7001008338	SeeraMa Botanicals, Inc.							
Principal Office Address			City		State	Zip		
85 Toll Gate Rd.	5 Toll Gate Rd.			k	RI	02886		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
325411	Research, Management and Sales for OTC creams, salves, oils, and other							
State of Incorporation	bases.							
DE								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
	Armand C. Spaziano			Vice-President Name				
Street Address 114 Heather St.	ather St.			Street Address				
^{City} Cranston	State RI	^{Zip} 02920	City		State	Zip		
Secretary Name	•		Treasurer Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names and ad	ldresses)	<u> </u>		Check the box	x to indicate a	n attachment		
Director Name Armand C. Spaziano								
Street Address 114 Heather St	114 Heather St			Street Address				
^{City} Cranston	State RI-	^{Zip} 02920	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized	·	10. Shares Issued Chec			ck the box to indicate an attachment			
This information is currently of recor Department of State.	d in the	NUMBER OF S	SHARES	CLASS/SERIES		PAR VALUE		
bepartment of State.								
Changes require an additional filing.	•	····-						
11. This report must be executed or					ation is in the	hands of a re-		
ceiver or trustee, this report must 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.								
Name of Authorized Representative					Date			
Armand C. Spaziano					5/15/23			
Signature of Authorized Representative Consum of Authorized Representative								

MAIL TO:

Division of Business Services

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

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