



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV
FOR SECRETARY OF STATE
USE ONLY

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2024 JAN 24 - 11:47

1. Entity ID Number <u>1690838</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>	Zip <u>02908</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 Kossel</u>			Vice-President Name		
Street Address <u>70 Burlingam Rd</u>			Street Address		
City <u>Cranston</u>	State <u>R.I</u>	Zip <u>02921</u>	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		
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 Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐			
Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>None</u>	
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 Kossel</u>				Date <u>1-24-24</u>	
Signature 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

FILED

JAN 24 2024
BY ML 3Q8C2 FORM 630- Revised 12/2023