



State of Rhode Island  
Department of State - Business Services Division

**STAMP**

Annual Report for the year: 2024  
Corporation

RECEIVED  
R.I. DEPT. OF STATE FOR SECRETARY OF STATE  
BUS SVCS DIV 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 <b>1690838</b>		2. Exact name of the Corporation <b>PURE INC</b>			
3. Principal Office Address <b>387 ATWells Ave</b>		City <b>providence</b>		State <b>R.I</b>	Zip <b>02908</b>
4. NAICS Code <b>713990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Lounge</b>			
5. State of Incorporation <b>R.I</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Charbel Kossifi</b>			Vice-President Name		
Street Address <b>70 Burlingam Rd</b>			Street Address		
City <b>Cranston</b>	State <b>R.I</b>	Zip <b>02921</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>100</b>	<b>Common</b>	<b>None</b>	
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.					
<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.</b>					
Name of Authorized Representative <b>Charbel Kossifi</b>				Date <b>1-24-24</b>	
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 30802  
FORM 630- Revised 12/2023