



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

FILED
MAR 06 2024
BY [Signature]

1. Entity ID Number 001705984		2. Exact name of the Corporation VIBRANT PROVISIONS CO.			
3. Principal Office Address 9 Boxwood Ct			City Barrington	State RI	Zip 02806
4. NAICS Code 424410		6. Brief description of the character of business conducted in Rhode Island Marketing of grocery products at wholesale			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christian Jensen			Vice-President Name		
Street Address 9 Boxwood Ct			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Robert R Outis			Treasurer Name Christian Jensen		
Street Address 1320 Solano Ave Ste 203			Street Address 9 Boxwood Ct		
City Albany	State CA	Zip 94706	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christian Jensen			Director Name Sotiris Kitrilakis		
Street Address 9 Boxwood Ct			Street Address 41 N Vuelta Herradura		
City Barrington	State RI	Zip 02806	City Santa	State Fe	Zip 87506
Director Name Robert R Outis			Director Name		
Street Address 1320 Solano Ave Ste 203			Street Address		
City Albany	State CA	Zip 94706	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		CLASS/SERIES	PAR VALUE
		206,496		Common	\$0.01
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 Robert R Outis				Date 2/28/2024	
Signature of Authorized Representative 					

MAIL TO:
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