



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

APR 12 2024

BY 29309584230 DS

1. Entity ID Number 001703990		2. Exact name of the Corporation ORISIRISI SPICE OF LIFE, INC.			
3. Principal Office Address 34 WEST AVENUE			City PAWTUCKET	State RI	Zip 02860
4. NAICS Code 311942		6. Brief description of the character of business conducted in Rhode Island SPICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RAMON HINDS			Vice-President Name FRANCES HINDS		
Street Address 34 WEST AVENUE			Street Address 34 WEST AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name RAMON HINDS			Treasurer Name FRANCES HINDS		
Street Address 34 WEST AVENUE			Street Address 34 WEST AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name RAMON HINDS			Director Name FRANCES HINDS		
Street Address 34 WEST AVENUE			Street Address 34 WEST AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Director Name N/A			Director Name N/A		
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		
			CLASS/SERIES		
			100	COMMON	NO PAR
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 RAMON HINDS					Date 4/9/2024
Signature of Authorized Representative 					