

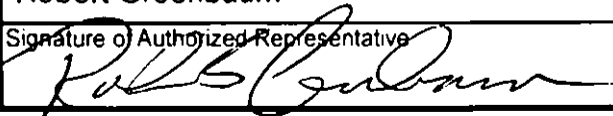


State of Rhode Island  
Department of State - Business Services Division

MAY 01 2024  
3037

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.

1. Entity ID Number <b>136612</b>		2. Exact name of the Corporation <b>Pure Beverage Systems, Inc.</b>			
3. Principal Office Address <b>1084 West Shore Road, Unit 3</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
4. NAICS Code <b>312111</b>		6. Brief description of the character of business conducted in Rhode Island <b>Distributor of Business Beverage Systems for water and coffee</b>			
5. State of Incorporation <b>Rhode Island</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>Robert Greenbaum</b>			Vice-President Name		
Street Address <b>2600 S. Ocean Blvd., Apt 302S</b>			Street Address		
City <b>Palm Beach</b>	State <b>FL</b>	Zip <b>33480</b>	City	State	Zip
Secretary Name <b>Robert Greenbaum</b>			Treasurer Name <b>Robert Greenbaum</b>		
Street Address <b>2600 S. Ocean Blvd., Apt 302S</b>			Street Address <b>2600 S. Ocean Blvd., Apt. 302S</b>		
City <b>Palm Beach</b>	State <b>FL</b>	Zip <b>33480</b>	City <b>Palm Beach</b>	State <b>FL</b>	Zip <b>33480</b>
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>No Par</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. <i>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.</i>					
Name of Authorized Representative <b>Robert Greenbaum</b>					Date <b>4/23/2024</b>
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov