State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 17 2025
BY 4429 02

1 Entity ID Number	2 Exact name of the Corporation
001705984	VIBRANT PROVISIONS CO.

3 Principal Office Address	City	State	Zip
9 BOXWOOD CT	BARRINGTON	RI	02806

4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island
424414	Marketing of grocery products at wholesale (currently inactive but not yet dissolved)
5. State of Incorporation: DELAWARE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
CHRISTIAN JENSEN	NONE
Street Address: 9 BOXWOOD CT	Street Address:
City: BARRINGTON, State: RI, Zip: 02806	City: , State: , Zip:
Secretary Name: NONE	Treasurer Name: CHRISTIAN JENSEN
Street Address:	Street Address: 9 BOXWOOD CT
City: , State: , Zip:	City: BARRINGTON, State: RI, Zip: 02806

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
CHRISTIAN JENSEN	SOTIRIS KITRILAKIS
Street Address: 9 BOXWOOD CT	Street Address: 41 NORTH VUELTA HERRADURA
City: BARRINGTON, State: RI, Zip: 02806	City: SANTA FE, State: NM, Zip: 87506
Director Name: CONSTANTINOS CONSTANTINIDIS	Director Name:
Street Address: NB1A ST. THESSALONIKI IND'L AREA	Street Address:
City: SINDOS, State: GREECE, Zip: 57022	City: , State: , Zip:

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NO. OF SHARES	CLASS OF SHARES	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	Date
ROBERT R. OUTIS	4/14/2025

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

FORM 630- Revised 12/2023