



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

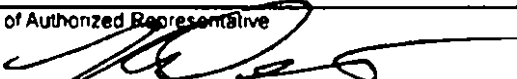
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 17 2025

BY

447962

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 424414		6 Brief description of the character of business conducted in Rhode Island 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 CHRISTIAN JENSEN			Vice-President Name 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 CHRISTIAN JENSEN			Director Name 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.		NUMBER OF SHARES		CLASSIFICATIONS	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 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