



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 101599		2. Name of Corporation New England Syrup Company, Inc.			
3. Street Address Principal Business Office 15 F Enterprise Lane			City Smithfield	State RI	Zip 02917
4. Business Phone No. 401-232-9854		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Breeding, training and boarding of ponies and horses; sale of horse riding equipment, supplies and accessories.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Marchant			Vice President Name Wendy Marchant		
Street Address 1155 Chopmist Hill Road / P.O. Box 2			Street Address 1155 Chopmist Hill Road / P.O. Box 2		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
Secretary Name John Marchant			Treasurer Name Wendy Marchant		
Street Address 1155 Chopmist Hill Road / P.O. Box 2			Street Address 1155 Chopmist Hill Road / P.O. Box 2		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 No Par Value			10	Common	No Par Value

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.

File Date	<b>FILED</b>
Check No.	<b>FEB 16 2010</b>
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	

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.

*[Signature]* 2-11-10  
 Signature Date  
 John Marchant  
 Print or Type Name  
 President  
 Title