



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 62059		2. Exact name of the Corporation NEW ENGLAND DIETARY MARKETING, INC.			
3. Principal office address 60 CARPENTER STREET, PO BOX 02769		City REHOBOTH	State MA	Zip 02769	
4. Business Phone No. 508-252-9008		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island WHOLESALE, SELLING AND MARKETING OF DIETARY AND RELATED PRODUCTS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name NICHOLAS A. SPIRIDAKIS			Vice-President Name		
Street Address 60 CARPENTER STREET			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Secretary Name NICHOLAS A. SPIRIDAKIS			Treasurer Name NICHOLAS A. SPIRIDAKIS		
Street Address 60 CARPENTER STREET			Street Address 60 CARPENTER STREET		
City REHOBOTH	State MA	Zip 02769	City REHOBOTH	State MA	Zip 02769
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NICHOLAS A. SPIRIDAKIS			Director Name		
Street Address 60 CARPENTER STREET			Street Address		
City REHOBOTH	State MA	Zip 02769	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

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 2-6-13

Check No 452

By: le

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 of Authorized Representative _____ Date _____

NICHOLAS A. SPIRIDAKIS

Print or Type Name of Authorized Representative

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