



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 2015

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. 56465		2. Exact name of the Corporation New Vermont Creamery, Inc.					
3. Principal office address 70 Atwood Street				City Providence	State RI	Zip 02909	
4. Business Phone No. 401-946-6530				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island sale and distribution of dairy products							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Kenneth A. Garber				Vice-President Name Kenneth A. Garber			
Street Address 45 Windermere Way				Street Address 45 Windermere Way			
City Warwick	State RI	Zip 02886		City Warwick	State RI	Zip 02886	
Secretary Name Kenneth A. Garber				Treasurer Name Kenneth A. Garber			
Street Address 45 Windermere Way				Street Address 45 Windermere Way			
City Warwick	State RI	Zip 02886		City Warwick	State RI	Zip 02886	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Kenneth A. Garber				Director Name			
Street Address 45 Windermere Way				Street Address			
City Warwick	State RI	Zip 02886		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	none	

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 22 2015

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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.

Kenneth A. Garber
 Signature of Authorized Representative

1/6/2015
 Date

Kenneth A. Garber

Print or Type Name of Authorized Representative