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 2016

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.	2. Exact name of the Corporation		
000111249	COTT SYSTEMS, INC.		
3. Principal office address: 2800 CORPORATE EXCHANGE DR., #300	City: COLUMBUS	State: OH	Zip: 43231
4. Business Phone No.: 614-847-4405	5. State of Incorporation: OH		
6. Brief description of the character of business conducted in Rhode Island: PAPER & METALS			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) X

President Name: DEBORAH BALL			Vice-President Name: TONIE DOTSON DELOACH STMT 1		
Street Address: 14696 ROLLING ROCK PLACE			Street Address: 2800 CORPORATE EXCHANGE D		
City: WELLINGTON	State: FL	Zip: 33414	City: COLUMBUS	State: OH	Zip: 43231
Secretary Name:			Treasurer Name: KAREN BAILEY		
Street Address:			Street Address: 7127 E. WALNUT STREET		
City:	State:	Zip:	City: WESTERVILLE	State: OH	Zip: 43081

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name:			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	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) X STMT 2		
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
	4040	A	

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
MAR 18 2016
18607

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.

Karen L Bailey 3-14-16
Signature of Authorized Representative Date

KAREN BAILEY
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
1341742-1117289

Rhode Island Statements

Statement 1 - Form RI 630, Line 7 - Names and Addresses of Officers

Pos	First Name	Last Name	Address	City	State	Zip
V	Lisa	Buonamici	2800 Corporate Exchange D	Columbus	OH	43231

Statement 2 - Form RI 630, Line 10 - Issued Shares

Number of Shares	Class/Series	Par Value
7760	B	