

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1

1. Entity ID Number 000111249		2. Exact name of the Corporation COTT SYSTEMS, INC.			
3. Principal Office Address 2800 CORPORATE EXCHANGE DR #300			City COLUMBUS	State OH	Zip 43231
4. Business Phone Number 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) Check the box to indicate an 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) Check the box to indicate an attachment					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☒ X STMT 2		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			4040		
			A		
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 <i>Karen Bailey</i>					Date <i>2-27-17</i>
Signature of Authorized Representative KAREN BAILEY					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 02 2017
 BY 17182 DS

FORM 630 - Revised: 05/2016

COTTSYSTEMS Cott Systems, Inc.

31-4157730

FYE: 12/31/2016

Rhode Island Statements

2/24/2017 7:45 PM

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	

FILED
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BY 171820S
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