



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. ✓ = \$ 75 - ✓

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2018 APR 19 PM 2:18

1. Entity ID Number 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. NAICS Code 424430	6. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTION OF DAIRY AND DELI PRODUCTS				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KENNETH A. GARBER			Vice-President Name		
Street Address 45 WINDERMERE WAY			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name KENNETH A. GARBER			Treasurer Name		
Street Address 45 WINDERMERE WAY			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	CNP	NO PAR	
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 KENNETH A. GARBER					Date ✓ 3/15/18
Signature of Authorized Representative ✓					

SIGN DOCUMENT HERE

FILED

APR 23 2018

BY **329248**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov