



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

Annual Report for the year: **2019**
 Corporation

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- 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 101599		2. Exact name of the Corporation New England Syrup Company, Inc.			
3. Principal Office Address 10B Enterprise Lane			City Smithfield	State RI	Zip 02917
4. NAICS Code 311999		6. Brief description of the character of business conducted in Rhode Island Manufacturing of flavors and food ingredients			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Marchant			Vice-President Name Wendy Marchant Tara B. Marchant		
Street Address 1155 Chopmist Hill Road / P.O. Box 2			Street Address 1155 Chopmist Hill Road / P.O. Box 2		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
Secretary Name John Marchant			Treasurer Name Wendy Marchant		
Street Address 1155 Chopmist Hill Road / P.O. Box 2			Street Address 1155 Chopmist Hill Road / P.O. Box 2		
City N. Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
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			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		PAR VALUE
			10	Common	No Par Value
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 John Marchant, President					Date 1-25-19
Signature of Authorized Representative <i>John Marchant</i>			SIGN DOCUMENT HERE		

FILED

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

JAN 30 2019

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