

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

Annual Report for the year: 2020  
 Corporation

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

**FILED**

MAR 02 2020

000559

1 Entity ID Number 000111249		2 Exact name of the Corporation COTT SYSTEMS, INC.			
3 Principal Office Address 280C CORPORATE EXCHANGE DR 300		City COLUMBUS		State OH	Zip 43231
4 NAICS Code 518210		6 Brief description of the character of business conducted in Rhode Island  PAPER & METALS			
5 State of Incorporation OH					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name DEBORAH BALL			Vice-President Name TONIE DOTSON DELOACH		
Street Address 3354 NW 55TH COURT			Street Address 280C CORPORATE EXCHANGE D		
City OCALA	State FL	Zip 34482	City COLUMBUS	State OH	Zip 43231
Secretary Name			Treasurer Name KAREN BAILEY		
Street Address			Street Address 7303 WORTHINGTON ROAD		
City	State	Zip	City ALEXANDRIA	State OH	Zip 43001
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		STMT 2	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		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. <b>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.</b>		Name of Authorized Representative <i>Karen Bailey</i>		Date 2-27-20	
Signature of Authorized Representative KAREN BAILEY					

**MAIL TO:**  
 Division of Business Services  
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