State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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
JAN 29 2021
BY 5405

1. Entity ID Number	2. Exact name of the Corporation
101599	New England Syrup Company, Inc.

3 Principal Office Address	City	State	Zip
10B Enterprise Lane	Smithfield	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
311999	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 ☐

President Name	Vice-President Name
John 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: N. Scituate; State: RI; Zip: 02857

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
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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	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	Date
John Marchant, President	1-26-21

Signature of Authorized Representative: John Marchant

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

FORM 630 - Revised: 08/2020