



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAR -4 A 10:03

1. Entity ID Number 000115415		2. Exact name of the Corporation NEW HARVEST COFFEE ROASTERS, INC.	
3. Principal Office Address 1005 Main Street #108		City Pawtucket	State RI
4. NAICS Code 311920		6. Brief description of the character of business conducted in Rhode Island Coffee roasters	
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 Richard Kleinfeldt, II		Vice-President Name none	
Street Address 1005 Main Street #108		Street Address 1005 Main Street #108	
City Pawtucket	State RI	Zip 02860	City Pawtucket
Secretary Name Joseph Zampitella		Treasurer Name Joseph Zampitella	
Street Address 1005 Main Street #108		Street Address 1005 Main Street #108	
City Pawtucket	State RI	Zip 02860	City Pawtucket
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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized 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.		10. Shares Issued	
		NUMBER OF SHARES	CLASS/SERIES
		100	Common
			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 Richard Kleinfeldt, II			Date 2/24/21
Signature of Authorized Representative <i>Richard Kleinfeldt</i>			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

MAR 4 2021
 BY *[Signature]* AINXG
 10:03