



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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	Zip 02860
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Richard Kleinfeldt, II			Vice-President Name None		
Street Address 1005 Main Street #108			Street Address		
City Pawtucket	State RI	Zip 02903	City	State	Zip
Secretary Name Richard Kleinfeldt, II			Treasurer Name Richard Kleinfeldt, II		
Street Address 1005 Main Street #108			Street Address 1005 Main Street #108		
City Pawtucket	State RI	Zip 02903	City Pawtucket	State RI	Zip 02903
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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. <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 Richard Kleinfeldt, II					Date 4/21/2022
Signature of Authorized Representative 					

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

FILED  
APR 27 2022  
BY