

COTT SYSTEMS 02/27/2023 6:18 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

MAR 09 2023
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- 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 00011249		2. Exact name of the Corporation COTT SYSTEMS, INC.			
3. Principal Office Address 2800 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 BALI		Vice-President Name TONIE DOTSON DELOACH			STMT 1
Street Address 5815 NW 153RD COURT		Street Address 2800 CORPORATE EXCHANGE D			
City MORRISTOWN	State FL	Zip 32668	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 <u>STMT 2</u> Check the box to indicate an attachment			<input checked="" type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		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. 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 <i>Karen Bailey</i>				Date 03/6/2023	
Signature of Authorized Representative KAREN BAILEY					

MAIL TO:
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Website: www.sos.n.gov