



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 12 2024
BY *[Signature]* 10315

1. Entity ID Number 000111249		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 BALL			Vice-President Name TONIE DOTSON DELOACH		
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					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input checked="" type="checkbox"/>	
		NUMBER OF SHARES 4040	CLASS-SERIES A	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 KAREN BAILEY					Date 02/29/24
Signature of Authorized Representative <i>[Signature]</i>					

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