



State of Rhode Island

Department of State - Business Services Division

FILED

APR 23 2024

BY

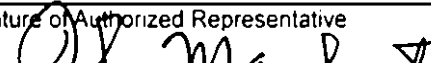
Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 101599		2. Exact name of the Corporation New England Syrup Company, Inc.					
3. Principal Office Address 10B Enterprise Lane				City Smithfield		State RI	Zip 02917
4. NAICS Code 311999		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>							
President Name John Marchant				Vice-President Name 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 <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 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			
				10			
				CLASS/SERIES Common		PAR VALUE 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 John Marchant, President						Date 4-11-2024	
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.nj.gov

FORM 630- Revised, 12/2023