



State of Rhode Island
Department of State - Business Services Division

FILED

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.

APR 23 2024

BY [Signature] 46023

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		CLASS/VALUES	
		10		Common 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 statements, and that all statements contained herein are true and correct. including any accompanying schedules and					
Name of Authorized Representative John Marchant, President				Date 4-11-2024	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
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