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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.

1. Entity ID Number	2. Exact name of the Corporation
000115415	New Harvest Coffee Roasters, Inc.

3. Principal Office Address	City	State	Zip
10 Sims Avenue	Providence	RI	02909

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
311290	coffee roasters
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Richard F. Kleinfeldt II			Paula Anderson		
Street Address: 10 Sims Avenue			Street Address: 10 Sims Avenue		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909
Secretary Name			**Treasurer Name**		
Richard F. Kleinfeldt II			Richard F. Kleinfeldt II		
Street Address: 10 Sims Avenue			Street Address: 10 Sims Avenue		
City: Providence	State: RI	Zip: 02909	City: Providence	State: RI	Zip: 02909

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	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.

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	Date
Richard F. Kleinfeldt II	4/4/24

Signature of Authorized Representative: Richard F Kleinfeldt

FILED
APR 30 2024
BY 1088 PS

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