



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Corporation

AMENDED - 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED

FEB 9 2025

BY

EG 12913

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SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID Number 000041037		2. Exact name of the Corporation NEPCO PRODUCTS CO.	
3. Principal Office Address 125 Amara Street		City East Providence	State RI
		Zip 02915	
4. NAICS Code 423990	6. Brief description of the character of business conducted in Rhode Island Distribution		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Andrew Coulsen		Vice-President Name	
Street Address 125 Amara Street		Street Address	
City East Providence	State RI	City	State
	Zip 02915		Zip
Secretary Name Mindy Lambert		Treasurer Name Brian Call	
Street Address 125 Amara Street		Street Address 125 Amara Street	
City East Providence	State RI	City East Providence	State RI
	Zip 02915		Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Andrew Coulsen		Director Name	
Street Address 125 Amara Street		Street Address	
City East Providence	State RI	City	State
	Zip 02915		Zip
General Manager Andrew Coulsen		Director Name	
Street Address 125 Amara Street		Street Address	
City East Providence	State RI	City	State
	Zip 02915		Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		600.00	STK
		PAR VALUE	\$0.0000
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 Brian Call, Treasurer		Date 1/27/25	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2015
Phone: (401) 222-3040
Website: www.sos.ri.gov

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CORPORATIONS DIV

FORM 630- Revised: 12/2023



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

February 03, 2025 12:13 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

