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 3 2025
BY EG 12813

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2025 FEB -3 AM 12: 13
SECRETARY OF STATE
CORPORATIONS DIV.

1. Entity ID Number	2. Exact name of the Corporation			
000041037	NEPCO PRODUCTS CO.			
3. Principal Office Address		City	State	Zip
125 Amaral Street		East Providence	RI	02915
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423990	Distribution			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Andrew Coulsen					
Street Address			Street Address		
125 Amaral Street					
City	State	Zip	City	State	Zip
East Providence	RI	02915			
Secretary Name			Treasurer Name		
Mindy Lambert			Brian Call		
Street Address			Street Address		
125 Amaral Street			125 Amaral Street		
City	State	Zip	City	State	Zip
East Providence	RI	02915	East Providence	RI	02915

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

Director Name			Director Name		
Andrew Coulsen					
Street Address			Street Address		
125 Amaral Street					
City	State	Zip	City	State	Zip
East Providence	RI	02915			
General Manager			Director Name		
Andrew Coulsen					
Street Address			Street Address		
125 Amaral Street					
City	State	Zip	City	State	Zip
East Providence	RI	02915			

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600.00	STK	$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	Date
Brian Call, Treasurer	1/27/25
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.ri.gov

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CORPORATIONS DIV

FORM 630- Revised: 12/2023