State of Rhode Island
Department of State - Business Services Division

FILED
JUN 02 2025
BY State

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

RECEIVED
RI DEPT OF STATE
BUS SVCS DIV

1. Entity ID Number	2. Exact name of the Corporation			
000041619	New Age Industries, Inc.			
3. Principal Office Address		City	State	Zip
30 Sherwood Drive		Hope	RI	02831
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531110	Property development and management,			
5. State of Incorporation				
RI				

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)					
President Name			Vice-President Name		
Ann-E. Imperatore			Same		
Street Address			Street Address		
30 Sherwood Drive					
City	State	Zip	City	State	Zip
Hope	RI	02831			
Secretary Name			Treasurer Name		
Same			Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

8. List ALL directors (names and addresses)					
Director Name			Director Name		
Ann-E. Imperatore			Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Same			Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued		Check the box to indicate an attachment ☐
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. 300 shares	150	Common	No Par value
Changes require an additional filing. 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: Ann-E. Imperatore / President

Date: 3/30/25

Signature of Authorized Representative: Ann E. Imperatore

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