**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.

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| 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 |
| | | | | | |

Check the box to indicate an attachment ☐

| 9. Shares Authorized | 10. Shares Issued | | |
|---|---|---|---|
| | 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