



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

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

REC'D RIDOS BSD
25 JUN 12 PM 12:27:16

1. Entity ID Number 000866148		2. Exact name of the Corporation Nelipak Corporation			
3. Principal Office Address 475 Enterprise Park Blvd.		City Winston-Salem		State NC	Zip 27107
4. NAICS Code 326199		6. Brief description of the character of business conducted in Rhode Island For Profit - Manufacturing			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Patrick Chambliss			Vice-President Name		
Street Address 475 Enterprise Park Blvd.			Street Address		
City Winston-Salem	State NC	Zip 27107	City	State	Zip
Secretary Name			Treasurer Name Michael Milacnik (CFO)		
Street Address			Street Address 475 Enterprise Park Blvd.		
City	State	Zip	City Winston-Salem	State NC	Zip 27107
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Patrick Chambliss			Director Name		
Street Address 475 Enterprise Park Blvd.			Street Address		
City Winston-Salem	State NC	Zip 27107	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 3,000	CLASS/SERIES CWP	PAR VALUE 0.0100
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 Estefanie Marrufo					Date 4/30/25
Signature of Authorized Representative <i>Estefanie Marrufo</i>					

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

FILED

FORM 130- Revised: 12/2023

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BY *WFG*
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