



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2021

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 BSB  
25 JUN 12 PM 12:21

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <input type="checkbox"/>	
		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. <b>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.</b>					
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 630- Revised: 12/2023

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BY WFG-33  
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