

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000001582

Entity Name: NEWAGE INDUSTRIES INC.**Current Principal Place of Business:**145 JAMES WAY
SOUTHAMPTON, PA 18966**Current Mailing Address:**145 JAMES WAY
SOUTHAMPTON, PA 18966 US**FEI Number:** 23-1475225**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CHAIRMAN/PRESIDENT
Name BAKER, KENNETH
Address 145 JAMES WAY
City-State-Zip: SOUTHAMPTON PA 18966

Title DIRECTOR
Name WYMAN, LISA
Address 145 JAMES WAY
City-State-Zip: SOUTHAMPTON PA 18966

Title DIRECTOR
Name URSPRUNG, CECIL
Address 27 WALBRIDGE ROAD
City-State-Zip: WEST HARTFORD CT 06119

Title DIRECTOR
Name GEORGHIOU, ANDREAS
Address 145 JAMES WAY
City-State-Zip: SOUTHAMPTON PA 18966

Title DIRECTOR
Name GREEN, ANTHONY DR.
Address 145 JAMES WAY
City-State-Zip: SOUTHAMPTON PA 18966

Title TREASURER, CFO
Name GINETTI, MICHAEL
Address 145 JAMES WAY
City-State-Zip: SOUTHAMPTON PA 18966

Title DIRECTOR
Name HISLEY, RICHARD
Address 145 JAMES WAY
City-State-Zip: SOUTHAMPTON PA 18966

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL GINETTI**TREASURER, CFO****04/26/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date