## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000000751

Entity Name: MATT BREWING CO., INC.

**Current Principal Place of Business:** 

811 EDWARD ST. UTICA, NY 13502

**Current Mailing Address:** 

811 EDWARD ST. UTICA, NY 13502

FEI Number: 16-1343803 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED 1200 SOUTH PINE ISLAND ROAD 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

FILED Mar 29, 2023

**Secretary of State** 

7371739719CC

Officer/Director Detail:

Title DP Title DC

NameMATT, ALFRED DNameMATT, NICHOLAS OAddress7289 NORTON AVENUEAddress36 JORDAN RD.

City-State-Zip: CLINTON NY 13323 City-State-Zip: NEW HARTFORD NY 13413

Title D Title T

Name MATT, J. KEMPER Name MATT, NICHOLAS O
Address 5 MEADOW LANE Address 36 JORDAN RD.

City-State-Zip: FAYETTEVILLE NY 13066 City-State-Zip: NEW HARTFORD NY 13413

Title S Title D

Name MATT, ALFRED D Name MATT, F.X. III

Address 7289 MORTON AVE Address 44 JORDAN RD

City-State-Zip: CLINTON NY 13323 City-State-Zip: NEW HARTFORD NY 13413

Title DIRECTOR Title DIRECTOR

Name MATT, LINDA Name OWENS, MARY LAWRENCE

Address 8 SOLDIER'S PLACE Address 3891 BRISTOL ROAD
City-State-Zip: BUFFALO NY 14222 City-State-Zip: CLINTON NY 13323

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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: MATT, ALFRED D PRESIDENT 03/29/2023

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name OTTAWAY, ERIC BLACKBURNE

Address 79 NORTH 11TH STREET
City-State-Zip: BROOKLYN NY 11249