

**2021 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:** Yes**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

**Officer/Director Detail :**

Title DP  
Name MATT, ALFRED D  
Address 7289 NORTON AVENUE  
City-State-Zip: CLINTON NY 13323

Title D  
Name MATT, J. KEMPER  
Address 5 MEADOW LANE  
City-State-Zip: FAYETTEVILLE NY 13066

Title S  
Name MATT, ALFRED D  
Address 7289 MORTON AVE  
City-State-Zip: CLINTON NY 13323

Title DIRECTOR  
Name MATT, LINDA  
Address 8 SOLDIER'S PLACE  
City-State-Zip: BUFFALO NY 14222

Title DC  
Name MATT, NICHOLAS O  
Address 36 JORDAN RD.  
City-State-Zip: NEW HARTFORD NY 13413

Title T  
Name MATT, NICHOLAS O  
Address 36 JORDAN RD.  
City-State-Zip: NEW HARTFORD NY 13413

Title D  
Name MATT, F.X. III  
Address 44 JORDAN RD  
City-State-Zip: NEW HARTFORD NY 13413

Title DIRECTOR  
Name OWENS, MARY LAWRENCE  
Address 3891 BRISTOL ROAD  
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:** ALFRED MATT**PRESIDENT****04/01/2021**

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