

**2020 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

**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

**Continues on page 2**

*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 D MATT**PRESIDENT****04/21/2020**

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