

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 11/29/2022 10:43 AM EST

Confirmation Number: 10719

Amended Confirmation Number:

Employer Information

Name: NEWCORR PACKAGING LIMITED PARTNERSHIP
Address: 66 Lyman Street, P.O. Box 29
City: Northborough
State: MA
Zip Code: 01532

Plan Administrator Information

Name: NEWCORR PACKAGING LIMITED PARTNERSHIP
Address: 66 Lyman Street
City: Northborough
State: MA
Zip Code: 01532
Phone: 5083939256
Email: DavidD@newcorrpackaging.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Supplemental Retirement Plan for Daniel V. Bartlett	Number of Employees: 1
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Additional Information:

The Plan provides a supplemental executive retirement benefit for the Issuer's general manager, Daniel V. Bartlett. The benefit consists of payments of cash to the Participant beginning at the date of his retirement, as well as an endorsement-type split-dollar life insurance benefit. The retirement benefit is intended to be a nonqualified deferred compensation arrangement in compliance with Section 409A of the Internal Revenue Code.



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 10719. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.