



**FORM 10A**

**MATERIAL CHANGE REPORT**

*By nmar at 9:14:04 am, 02/04/2025*

**Pursuant to Section 64 of the Securities Act, 2012**

**1. NAME OF REPORTING ISSUER**

<b>Name of Reporting Issuer</b>
AGOSTINI'S LIMITED

**2. DATE OF MATERIAL CHANGE**

<b>Date of material change</b>
FEBRUARY 03, 2025

**3. DESCRIPTION OF MATERIAL CHANGE**

<b>Provide a description of the material change</b>
ON FEBRUARY 03, 2025, CARIBBEAN DISTRIBUTION PARTNERS LIMITED (CDPL), A SUBSIDIARY OF AGOSTINI'S LIMITED, SIGNED A SHARE PURCHASE AGREEMENT TO ACQUIRE 100% OF THE ISSUED AND OUTSTANDING SHARES OF MASSY DISTRIBUTION (JAMAICA) LIMITED, A PHARMACEUTICAL AND CONSUMER PRODUCTS DISTRIBUTION COMPANY THAT OPERATES IN JAMAICA.




4. DETAILS OF PUBLICATION OF MATERIAL CHANGE

	YES	NO
Will you be seeking an exemption from publishing a notice in accordance with Section 64(2) of the Securities Act 2012?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "No"

Date of Publication of Notice (dd/mmm/yyyy)	FEBRUARY 04, 2025
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If "Yes"

State the reasons for applying for the exemption


5. DETAILS OF SENIOR OFFICER

Name (First name, Last name)	NADIA JAMES - REYES TINEO
Position in Organization	COMPANY SECRETARY
Business Address	18 VICTORIA AVENUE, PORT OF SPAIN
Work Phone (1-xxx-xxx-xxxx)	1 868 623 4871
Fax Phone(1-xxx-xxx-xxxx)	
Email Address	Nadia.James-Reyestineo@agostinislimited.com

6. DATE, CERTIFICATION AND SIGNATURE

I hereby certify that the statement and information contained in this form and any attachment hereto are true and correct to the best of my knowledge and belief and submitted in compliance with the provisions of the Securities Act, 2012. I understand that any misrepresentation, falsification or material omission of information on this application may result in a breach of the Securities Act, 2012.

NADIA JAMES - REYES TINEO *Nadia Reyes Tineo* COMPANY SECRETARY FEBRUARY 04, 2025  
**Print Name**                      **Signature**                      **Position**                      **Date**

**FOR OFFICIAL USE ONLY**

Tool	ID Information
Registrant's Number	
Director's Number	
Document / Record Number	
Record's Management Date Received (dd/mm/yyyy)	

Approved By : \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_