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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
36573	EAST-LAND FOOD PRODUCTS, INC.

3. Principal office address	City	State	Zip
69 Fletcher Avenue	Cranston	RI	02920-0000

4. Business Phone No.	5. State of Incorporation
(401) 943-1190	RI

6. Brief description of the character of business conducted in Rhode Island
food processor - vegetables

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Josephine DeMarco	97 Pasture View Lane	Cranston	RI	02921-

Vice-President Name	Street Address	City	State	Zip
none	none	none	none	none

Secretary Name	Street Address	City	State	Zip
Isabelle DeMarco	46 Whispering Pines Drive	Cranston	RI	02921-

Treasurer Name	Street Address	City	State	Zip
Anthony DeMarco, III	111 Cranberry Terrace	Cranston	RI	02921-

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
none	none	none	none	none
none	none	none	none	none
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none
none	none	none	none	none
none	none	none	none	none

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
584	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Josephine DeMarco — 1/06/2014
Signature of Authorized Representative — Date

Josephine DeMarco
Print or Type Name of Authorized Representative

President

FOR SECRETARY OF STATE USE ONLY
File Date
Check No
By:

FILED
MAR 03 2014
BY 50476

Form No. 630
Revised: 01/2012

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