



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 2015

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. 56556		2. Exact name of the Corporation East Coast Distributors, Inc.			
3. Principal office address 1705 Broad Street		City Providence	State RI	Zip 02905	
4. Business Phone No. 401-780-8800		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To conduct a general food trading of brokerage business, to deal and trade in and with commodities					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Geoffrey M. Tapper			Vice-President Name Geoffrey M. Tapper		
Street Address 1705 Broad Street			Street Address 1705 Broad Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Geoffrey M. Tapper			Treasurer Name Geoffrey M. Tapper		
Street Address 1705 Broad Street			Street Address 1705 Broad Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			150	Common	No Par Value

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.

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

FILED

JAN 26 2015

BY

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.

Geoffrey M. Tapper

Signature of Authorized Representative

Date

Geoffrey M. Tapper

Print or Type Name of Authorized Representative