



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|--|---|---|---------------------------------|------------------------|---------------------|
| 1. Entity ID Number 000011458 | | 2. Exact name of the Corporation Eastern Manufacturing Company | | | |
| 3. Principal Office Address 9 Humbert Street | | City North Providence | | State RI | Zip 02911 |
| 4. NAICS Code 31-33 - Manufacturing | 6. Brief description of the character of business conducted in Rhode Island Manufacturing | | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Anthony Salvatore Jr | | Vice-President Name Krista Salvatore Quattrocchi | | | |
| Street Address 9 Humbert Street | | Street Address 3 Sables Way | | | |
| City North Providence | State RI | Zip 02911 | City Lincoln | State RI | Zip 02865 |
| Secretary Name Krista Salvatore Quattrocchi | | Treasurer Name Anthony Salvatore Jr | | | |
| Street Address 3 Sables Way | | Street Address 9 Humbert Street | | | |
| City Lincoln | State RI | Zip 02865 | City North Providence | State RI | Zip 02911 |
| 8. List ALL directors (names and addresses) Check the box to indicate an 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 | | | | | |
| This information is currently of record in the Department of State. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 40 | | Common | No Par Value |
| | | | | | |
| 11. 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. | | | | | |
| Name of Authorized Representative Anthony Salvatore Jr., President | | | | Date 1/30/17 | |
| Signature of Authorized Representative | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 10 2017

BY

35641

FORM 630 - Revised: 10/2016