



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 36573		2. Exact name of the Corporation EAST-LAND FOOD PRODUCTS, INC.												
3. Principal Office Address 69 Fletcher Avenue			City Cranston	State RI	Zip 02920-0000									
4. Business Phone Number: (401) 943-1190		6. Brief description of the character of business conducted in Rhode Island food processor - vegetables												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Josephine DeMarco			Vice-President Name none											
Street Address 97 Pasture View Lane			Street Address none											
City Cranston	State RI	Zip 02921-	City none	State none	Zip none									
Secretary Name Isabelle DeMarco			Treasurer Name Anthony DeMarco, III											
Street Address 46 Whispering Pines Drive			Street Address 111 Cranberry Terrace											
City Cranston	State RI	Zip 02921-	City Cranston	State RI	Zip 02921-									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name none			Director Name none											
Street Address none			Street Address none											
City none	State none	Zip none	City none	State none	Zip none									
Director Name none			Director Name none											
Street Address none			Street Address none											
City none	State none	Zip none	City none	State none	Zip none									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">623</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">No Par</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	623	Common	No Par			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		623	Common	No Par										
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 Josephine DeMarco				Date 1/02/2017										
Signature of Authorized Representative <i>Josephine DeMarco</i>				<div style="text-align: center;"> FILED MAR 02 2017 <i>2/20/17</i> </div>										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov