



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 7326		2. Exact name of the Corporation DiLanna Foodservice & Paper Product Inc.			
3. Principal Office Address 2223 Plainfield Pike			City Johnston	State RI	Zip 02919
4. NAICS Code 112340		6. Brief description of the character of business conducted in Rhode Island Sale of eggs and poultry products and other food at wholesale			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David DiLanna			Vice-President Name		
Street Address 2223 Plainfield Pike			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name David DiLanna			Treasurer Name Frank DiLanna		
Street Address 2223 Plainfield Pike			Street Address 2223 Plainfield Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David DiLanna			Director Name Frank DiLanna		
Street Address 2223 Plainfield Pike			Street Address 2223 Plainfield Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	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 DAVID DILANNA					Date 8/28/17
Signature of Authorized Representative <i>David DiLanna</i>					
SIGN DOCUMENT HERE					FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

SEP 28 2017

By **13491375**

KLM

FORM 630 - Revised: 10/2016