



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

**FILED**

FEB 26 2018

BY

52978

1. Entity ID Number <b>36573</b>		2. Exact name of the Corporation <b>EAST-LAND FOOD PRODUCTS, INC.</b>			
3. Principal Office Address <b>69 Fletcher Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920-0000</b>
4. NAICS Code <b>311411</b>	6. Brief description of the character of business conducted in Rhode Island <b>food processor - vegetables</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Josephine DeMarco</b>			Vice-President Name <b>none</b>		
Street Address <b>97 Pasture View Lane</b>			Street Address <b>none</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Secretary Name <b>Isabelle DeMarco</b>			Treasurer Name <b>Anthony DeMarco, III</b>		
Street Address <b>46 Whispering Pines Drive</b>			Street Address <b>111 Cranberry Terrace</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>623</b>	<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Josephine DeMarco</b> <b>President</b>				Date <b>1/02/2018</b>	
Signature of Authorized Representative <i>Josephine DeMarco</i> <i>President</i>				<b>2/16/18</b>	