



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.

1. Entity ID Number 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. NAICS Code 811310		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			
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 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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 150	CLASS/SERIES Common	PAR VALUE 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 Geoffrey M. Tapper					Date
Signature of Authorized Representative <i>Geoffrey M. Tapper</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

MAR 05 2018

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FORM 630 - Revised: 10/2017