



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

JAN 09 2019

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 1300
LD

1. Entry ID Number 36433		2. Exact name of the Corporation EASTLAND ATLANTIC CORP.			
3. Principal Office Address 35 MANN SCHOOL RD.		City SMITHFIELD		State RI	Zip 02917
4. NAICS Code 631110		6. Brief description of the character of business conducted in Rhode Island OWN AND MANAGE REAL ESTATE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ELIZABETH BROWNING			Vice-President Name ELIZABETH BROWNING		
Street Address 35 MANN SCHOOL RD.			Street Address 35 MANN SCHOOL RD.		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name ELIZABETH BROWNING			Treasurer Name ELIZABETH BROWNING		
Street Address 35 MANN SCHOOL RD.			Street Address 35 MANN SCHOOL RD.		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ELIZABETH BROWNING			Director Name		
Street Address 35 MANN SCHOOL RD.			Street Address		
City SMITHFIELD	State RI	Zip 02917	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 CLASS/SERIES PAR VALUE		
			100	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. <u>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.</u>					
Name of Authorized Representative ELIZABETH BROWNING					Date 1/4/19
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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Website: www.sos.ri.gov