



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021

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

STAMP

FEB 10 2021

BY

1. Entity ID Number 96376		2. Exact name of the Corporation EASTERN PROPERTIES, INC.												
3. Principal Office Address 23 Betty Pond Road			City Hope	State RI	Zip 02831									
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Real Estate Construction.												
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 Stephen M. Marandola			Vice-President Name Susan M. Marandola											
Street Address 23 Betty Pond Road			Street Address 23 Betty Pond Road											
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831									
Secretary Name Stephen M. Marandola			Treasurer Name Stephen M. Marandola											
Street Address 23 Betty Pond Road			Street Address 23 Betty Pond Road											
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Stephen M. Marandola			Director Name Susan M. Marandola											
Street Address 23 Betty Pond Road			Street Address 23 Betty Pond Road											
City Hope	State RI	Zip 02831	City Hope	State RI	Zip 02831									
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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAY VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAY VALUE	100	COMMON	NONE			
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100	COMMON	NONE												
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 Stephen M. Marandola, President				Date 1-25-21										
Signature of Authorized Representative 				SIGN DOCUMENT HERE										

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov