



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

FILED STAMP

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.

FEB 10 2021
 BY DSS/O
OSA

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			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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. <i>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.</i>					
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