RI SOS Filing Number: 202192640510 Date: 2/23/2021 4:00:00 PM

State of Rhode Island Department of Sta	ate - Busine	ss Services	Division		_		
Annual Report for the year: 2021 Corporation					Fil	~ D	
<ul> <li>→ Filing period: January 1 - March 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by April 1.</li> </ul>				FEB 23 2021 X 0016			
1. Entity ID Number	2. Exact name	of the Corporatio	n	<u>B</u>		1000	
11397	Eastern Foods Industries, Inc.						
3. Principal Office Address			City				
2832 South County Trail			East Greenw	rich	RI	02818	
4. NAICS Code				onducted in Rhode Is		<u>,                                      </u>	
445110	Retail Gourment Food Shop & Delicatessen, Bakery & Wholesale Manufacture of Food						
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and addresses)  Check the box to indicate an attach						ndicate an attachment	
President Name Stephen Caniglia			Vice-Presiden	Vice-President Name			
Street Address 22 Cool Spring Drive			Street Address	Street Address			
City Cranston	State RI	<sup>Zip</sup> 02920	City		State	Zip	
Secretary Name	<del>* _</del> .		Treasurer Nan	Treasurer Name			
Street Address			Street Address	Street Address			
City	State	Z <sup>i</sup> p	City		State	Zip	
8. List ALL directors (names and a	ddresses)			Check	the box to i	ndicate an attachment	
Director Name Stephen Caniglia	Director Name	Director Name					
Street Address 22 Cool Spring Drive			Street Address	Street Address			
City Cranston	State RI	Z <sub>ID</sub> 02920	City		State	Zip	
Director Name	1	Director Name			_1		
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
9. Shares Authorized	<del>, </del>	10. Shares Iss	ued	Check	the box to it	ndicate an attachment	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF	FISHARES	CLASS/SERIES PAR VALUE  Common NO PAR			
		200	200			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 an behalf of the corporation by the residue and the second must be executed as behalf of the corporation by the residue and the second must be executed as behalf of the corporation by the residue and the second must be executed as 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				Date			
Stephen H. CANIGLIA				2-12-2021			
Signature of Authorized Representative							

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov