RI SOS Filing Number: 202193413500 Date: 3/1/2021 4:00:00 PM

State of Rhode Island
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.

FILE STAMP
MAR 01 2021 FOS
BY 54071 OS

1. Entity ID Number	2. Exact name of the Corporation			
36573	EASTLAND FOOD PRODUCTS, INC.			
3. Principal Office Address		City	State	Zip
69 Fletcher Avenue		Cranston	RI	02920-0000
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
311411	food processor - vegetables			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Anthony DeMarco, III			none		
Street Address			Street Address		
111 Cranberry Terrace			none		
City	State	Zip	City	State	Zip
Cranston	RI	02921-	none	none	none
Secretary Name			Treasurer Name		
Anthony DeMarco, III			Anthony DeMarco, III		
Street Address			Street Address		
111 Cranberry Terrace			111 Cranberry Terrace		
City	State	Zip	City	State	Zip
Cranston	RI	02921-	Cranston	RI	02921-

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Anthony DeMarco, III			none		
Street Address			Street Address		
111 Cranberry Terrace			none		
City	State	Zip	City	State	Zip
Cranston	RI	02921-	none	none	none
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none

9 Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	667	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.

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
Anthony DeMarco, III	President	1/04/2021
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

FORM 630 - Revised: 08/2020