



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.

FILESTAMP

MAR 01 2021<sup>FOR</sup>

BY

54071

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1. Entity ID Number <b>36573</b>		2. Exact name of the Corporation <b>EASTLAND FOOD PRODUCTS, INC.</b>			
3. Principal Office Address <b>69 Fletcher Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920-0000</b>
4. NAICS Code <b>311411</b>	6. Brief description of the character of business conducted in Rhode Island <b>food processor - vegetables</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Anthony DeMarco, III</b>			Vice-President Name <b>none</b>		
Street Address <b>111 Cranberry Terrace</b>			Street Address <b>none</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Secretary Name <b>Anthony DeMarco, III</b>			Treasurer Name <b>Anthony DeMarco, III</b>		
Street Address <b>111 Cranberry Terrace</b>			Street Address <b>111 Cranberry Terrace</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Anthony DeMarco, III</b>			Director Name <b>none</b>		
Street Address <b>111 Cranberry Terrace</b>			Street Address <b>none</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921-</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
9. Shares Authorized <b>This information is currently of record in the Department of State.</b> <b>Changes require an additional filing.</b>			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	C. ASS/SFR FS	PAR VALUE
			<b>667</b>	<b>Common</b>	<b>No Par</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Anthony DeMarco, III</b> <b>President</b>				Date <b>1/04/2021</b>	
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