RI SOS Filing Number: 202446738350 Date: 2/14/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

FEB 14 2024

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BY 39217

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Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
56556	East Coast Distributors, Inc.			
3. Principal Office Address		City	State	Zip
1705 Broad Street		Providence	RI	02905
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811310	To conduct a general food training of brokerage, to deal and trade in and with commodities			
5. State of Incorporation				
Rhode Island				

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

President Name			Vice-President Name		
Geoffrey M. Tapper			Geoffrey M. Tapper		
Street Address			Street Address		
1705 Broad Street			1705 Broad Street		
City	State	Zip	City	State	Zip
Providence	RI	02905	Providence	RI	02905
Secretary Name			**Treasurer Name**		
Geoffrey M. Tapper			Geoffrey M. Tapper		
Street Address			Street Address		
1705 Broad Street			1705 Broad Street		
City	State	Zip	City	State	Zip
Providence	RI	02905	Providence	RI	02905

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	150	Common	No Par Value

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
Geoffrey M. Tapper	2-1-24

Signature of Authorized Representative: Geoffrey M Tapper

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: 11/2021