



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

FEB 22 2024

BY 3982 DS

- 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 7326		2. Exact name of the Corporation DiLanna Foodservice & Paper Products, Inc.			
3. Principal Office Address 2223 Plainfield Pike			City Johnston	State RI	Zip 02919
4. NAICS Code 424440		6. Brief description of the character of business conducted in Rhode Island Sale of eggs and poultry products and other food at wholesale			
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 David DiLanna			Vice-President Name		
Street Address 2223 Plainfield Pike			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name David DiLanna			Treasurer Name Frank DiLanna		
Street Address 2223 Plainfield Pike			Street Address 2223 Plainfield Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David DiLanna			Director Name Frank DiLanna		
Street Address 2223 Plainfield Pike			Street Address 2223 Plainfield Pike		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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
		200		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. <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 David DiLanna					Date 2/16/24
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov