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ate of Rhode Island

epaftment of State - Business Services Division

FILED

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	D Evact nam	2. Exact name of the Corporation						
7326		DiLanna Foodservice & Paper Products, Inc.						
Principal Office Address 2223 Plainfield Pike			City Johnston	•		Zip 02919		
4. NAICS Code 1. State of Incorporation Rhode Island				onducted in Rhode I nd other food at		le		
7. List ALL officers (names an President Name	d addresses)		Vice-President		the box to it	ndicate an attachment		
President Name David DiLanna								
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 a	nd addresses)			Check	the box to i	ndicate an attachment 🔲		
Director Name David DiLan	na		Director Name	Frank DiLanna				
Street Address 2223 Plainfield Pike			Street Address 2223 Plainfield Pike					
City Johnston	State RI	^{Zip} 02919	City Johnston		State R	^{Zip} 02919		
Director Name		•	Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Ζφ		
9. Shares Authorized		10. Shares Iss	ued	Check	the box to it	ndicate an attachment		
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SERIE					
Changes require an additional filing.		200	200		Common No			
cuanges reduits an additional	mmg.							
 This report must be executivistee, this report must be executive. 					pration is in t	the hands of a receiver or		
Under penalty of perjury, I d	leclare and affirm (hat I have examin	ed this report, it		npanying s	chedules and		
statements, and that all state Name of Authorized Represer		herein are true an	d correct.		Date			
David-DiLanna		2/16/24						
Signature of Authorized Repre	eseptative				/			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov