



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

MAR 04 2024

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1. Entity ID Number 117475		2. Exact name of the Corporation DEVINE FOODS, INC.			
3. Principal Office Address 1143 MAIN STREET		City WEST WARWICK		State RI	Zip 02893
4. NAICS Code 722320		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE CATERING BUSINESS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DAVID M. ECCLESTON			Vice-President Name DAVID M. ECCLESTON		
Street Address 7 ELM STREET			Street Address 7 ELM STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name DAVID M. ECCLESTON			Treasurer Name DAVID M. ECCLESTON		
Street Address 7 ELM STREET			Street Address 7 ELM STREET		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name DAVID M. ECCLESTON			Director Name		
Street Address 7 ELM STREET			Street Address		
City COVENTRY	State RI	Zip 02816	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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 DAVID M. ECCLESTON, PRESIDENT				Date 2-26-24	
Signature of Authorized Representative <i>David M Eccleston</i>					

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