RI SOS Filing Number: 202448311740 Date: 3/8/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

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1. Entity ID Number	2. Exact name of the Corporation
36573	EASTLAND FOOD PRODUCTS, INC.

3. Principal Office Address	City	State	Zip
69 Fletcher Avenue	Cranston	RI	02920-0000

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
311411	food processor - vegetables
5. State of Incorporation: RI	

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

President Name	Vice President Name
Antonio DeMarco, III	none
Street Address: 111 Cranberry Terrace	Street Address: none
City: Cranston; State: RI; Zip: 02921-	City: none; State: none; Zip: none
Secretary Name: Antonio DeMarco, III	Treasurer Name: Antonio DeMarco, III
Street Address: 111 Cranberry Terrace	Street Address: 111 Cranberry Terrace
City: Cranston; State: RI; Zip: 02921-	City: Cranston; State: RI; Zip: 02921-

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

Director Name	Director Name
Antonio DeMarco, III	none
Street Address: 111 Cranberry Terrace	Street Address: none
City: Cranston; State: RI; Zip: 02921-	City: none; State: none; Zip: none
Director Name: none	Director Name: none
Street Address: none	Street Address: none
City: none; State: none; Zip: none	City: none; State: none; Zip: none

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
	667	Common	No Par

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
Antonio DeMarco, III	President	1/04/2024

Signature of Authorized Representative: Antonio DeMarco III 3/1/24

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: 04/2023