



**State of Rhode Island
Department of State - Business Services Division
2025**

Annual Report for the year: _____
Corporation _____

FILED
MAR 04 2025
BY 0703

- 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 36573 | 2. Exact name of the Corporation EASTLAND FOOD PRODUCTS, INC. |
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|--|-------------------------|--------------------|--------------------------|
| 3. Principal Office Address 69 Fletcher Avenue | City Cranston | State RI | Zip 02920-0000 |
|--|-------------------------|--------------------|--------------------------|

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

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|--|--------------------|----------------------|--|----------------------|----------------------|
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Antonio DeMarco, III | | | Vice-President Name 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- |

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|---|----------------------|----------------------|-------------------------------|----------------------|--------------------|
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Antonio DeMarco, III | | | Director Name 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 <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 |
| | 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 Antonio DeMarco, III | Date 1/04/2025 |
| President | |

Signature of Authorized Representative
Antonio DeMarco III *President* **2/26/2025**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov