



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

Annual Report for the year: _____

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 04 2025
BY 0703

1. Entity ID Number 36573		2. Exact name of the Corporation EASTLAND FOOD PRODUCTS, INC.			
3. Principal Office Address 69 Fletcher Avenue		City Cranston		State RI	Zip 02920-0000
4. NAICS Code 311411		6. Brief description of the character of business conducted in Rhode Island food processor - vegetables			
5. State of Incorporation RI					
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-
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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 President					Date 1/04/2025
Signature of Authorized Representative <i>Antonio DeMarco III</i> <i>President</i>					2/26/2025

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