



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 521543		2. Exact name of the Corporation Ocean State Nutrition, Inc.					
3. Principal office address 9 Winika Court				City Johnston		State RI	Zip 02919
4. Business Phone No. 401-353-4900				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Retail sale of nutritious food and products and any other lawful business.							
President Name Stephen M. DeFusco				Vice-President Name Stephen M. DeFusco			
Street Address same as above				Street Address same as above			
City		State	Zip	City		State	Zip
Secretary Name Stephen M. DeFusco				Treasurer Name Stephen M. DeFusco			
Street Address same as above				Street Address same as above			
City		State	Zip	City		State	Zip
Director Name None				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				100	Common	No Par Value	

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.

FILED

MAR 17 2014

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.

Signature of Authorized Representative

Date

Stephen M. DeFusco, President

Print or Type Name of Authorized Representative

gmd
29-220076