



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.

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|--|-------|--|------|--|--------------------|---------------------|--|
| 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

Handwritten: SMD
29-220076