RI SOS Filing Number: 201859049800 Date: 2/23/2018 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
STAMP
FEB 23 2018
BY 360499

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
83777	NEWPORT SPECIALTY FOODS, INC.

3. Principal Office Address	City	State	Zip
1079 AQUIDNECK AVENUE	MIDDLETOWN	RI	02842

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
424410	TO MERCHANDISE, SELL AND DISTRIBUTE AT WHOLESALE FOODS AND/OR FOODSTUFFS OF ALL KINDS
5. State of Incorporation: RI	

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

President Name: KATHRYN A. RYAN			Vice-President Name: NONE		
Street Address: 1079 AQUIDNECK AVENUE			Street Address		
City: MIDDLETOWN	State: RI	Zip: 02842	City	State	Zip
Secretary Name: NONE			Treasurer Name: NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name: NONE			Director Name: NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name: NONE			Director Name: NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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
	NONE		

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
KATHRYN A. RYAN	1/25/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

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: 10/2017