



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

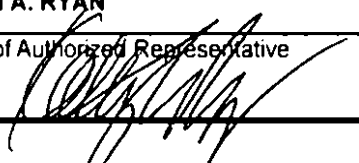
Annual Report for the year: **2018**
Corporation

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

FILED

STAMP
FEB 23 2018

BY **36049**
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1. Entity ID Number 83777		2. Exact name of the Corporation NEWPORT SPECIALTY FOODS, INC.			
3. Principal Office Address 1079 AQUIDNECK AVENUE		City MIDDLETOWN		State RI	Zip 02842
4. NAICS Code 424410		6. Brief description of the character of business conducted in Rhode Island 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 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 ☐			
		NUMBER OF SHARES NONE		CLASS/SERIES	PAR VALUE
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 KATHRYN A. RYAN				Date 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