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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 APR 17 P 2:06

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Annual Report for the year: 2019
 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 521543		2. Exact name of the Corporation OCEAN STATE NUTRITION INC.			
3. Principal Office Address 9 WINIKA CT.		City JOHNSTON	State R.I.	Zip 02919	
4. NAICS Code 446199		6. Brief description of the character of business conducted in Rhode Island Retail SALE OF NUTRITIOUS Foods and ANY OTHER LAWFUL BUSINESS			
5. State of Incorporation Rhode ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen M. DeFUSCO			Vice-President Name Stephen M. DeFusco		
Street Address 9 WINIKA CT			Street Address 9 WINIKA CT		
City JOHNSTON	State R.I.	Zip 02919	City JOHNSTON	State R.I.	Zip 02919
Secretary Name Stephen M. DeFusco			Treasurer Name Stephen M. DeFusco		
Street Address 9 WINIKA CT.			Street Address 9 WINIKA CT.		
City JOHNSTON	State R.I.	Zip 02919	City JOHNSTON	State R.I.	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100		COMMON	
				10.00	
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. <i>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.</i>					
Name of Authorized Representative				Date 4/9/20	
Signature of Authorized Representative 				FILED	
SIGN DOCUMENT HERE APR 17 2020					

BY **MV855**
2:07pm.