



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

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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 <b>521543</b>		2. Exact name of the Corporation <b>OCEAN STATE NUTRITION INC.</b>			
3. Principal Office Address <b>9 WINIKA CT.</b>		City <b>JOHNSTON</b>	State <b>R.I.</b>	Zip <b>02919</b>	
4. NAICS Code <b>446199</b>		6. Brief description of the character of business conducted in Rhode Island <b>RETAIL SALE OF NUTRITIOUS FOODS AND ANY OTHER LAWFUL BUSINESS</b>			
5. State of Incorporation <b>Rhode ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Stephen M. DeFusco</b>			Vice-President Name <b>Stephen M. DeFusco</b>		
Street Address <b>9 WINIKA CT</b>			Street Address <b>9 WINIKA CT</b>		
City <b>JOHNSTON</b>	State <b>R.I.</b>	Zip <b>02919</b>	City <b>JOHNSTON</b>	State <b>R.I.</b>	Zip <b>02919</b>
Secretary Name <b>Stephen M. DeFusco</b>			Treasurer Name <b>Stephen M. DeFusco</b>		
Street Address <b>9 WINIKA CT.</b>			Street Address <b>9 WINIKA CT.</b>		
City <b>JOHNSTON</b>	State <b>R.I.</b>	Zip <b>02919</b>	City <b>JOHNSTON</b>	State <b>R.I.</b>	Zip <b>02919</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>1.00</b>
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. <b>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.</b>					
Name of Authorized Representative				Date <b>4/9/20</b>	
Signature of Authorized Representative 				<b>FILED</b> SIGN DOCUMENT HERE <b>APR 17 2020</b> <b>BY MV855</b> <b>2:07pm.</b>	

MAIL TO:  
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Website: www.sos.ri.gov