



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation _____

FEB 25 2021 11:00
 30300

BY _____
 102

- 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 8377		2. Exact name of the Corporation Newport Specialty Foods, Inc			
3. Principal Office Address 1079 Aquidneck Avenue			City Middletown	State RI	Zip 02840
4. NAICS Code 424410		6. Brief description of the character of business conducted in Rhode Island To merchandise, sell and distribute at whole sale foods/foods stuffs of all kind.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kathryn A. Ryan			Vice-President Name		
Street Address 1079 Aquidneck Avenue			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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
		None		0	0
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 2/18/21	
Signature of Authorized Representative 					

MAIL TO:
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