



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

Annual Report for the year: **2021**
 Corporation

STAMP

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

RECEIVED FOR SECRETARY OF STATE
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAR 30 AM 11:12

1. Entity ID Number 521543		2. Exact name of the Corporation Ocean State Nutrition, Inc.			
3. Principal Office Address 1531 Smith Street		City North Providence		State RI	Zip 02911
4. NAICS Code 446199		6. Brief description of the character of business conducted in Rhode Island Retail sale of nutritious food and products 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 1531 Smith Street			Street Address 1531 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Stephen M. DeFusco			Treasurer Name Stephen M. DeFusco		
Street Address 1531 Smith Street			Street Address 1531 Smith Street		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
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		PAR VALUE
			100	Common	No 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 Stephen M. DeFusco, President				Date 3/20/21	
Signature of Authorized Representative 			SIGN DOCUMENT FILED		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAR 30 2021

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