



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 MAY 31 PM 3:48:01

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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	CLASS/SERIES		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. <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 Stephen M. DeFusco					FILED	Date 5/29/24		
Signature of Authorized Representative <i>Stephen M. DeFusco</i>					MAY 31 2024 BY 139R7			

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov