

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>OCEAN STATE JOBBERS, INC. & AFFILIATES 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>A&M SPECIAL PURCHASING, INC.</u></p> <p><u>375 COMMERCE PARK ROAD</u> <u>NORTH KINGSTOWN, RI 02852</u></p>	<p>1c Effective date of plan <u>07/01/1997</u></p> <p>2b Employer Identification Number (EIN) <u>05-0405488</u></p> <p>2c Plan Sponsor's telephone number <u>401-214-9262</u></p> <p>2d Business code (see instructions) <u>541214</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	JOHN CONFORTI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	JOHN CONFORTI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3643
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3406
	6a(2)	4147
	6b	12
	6c	254
	6d	4413
	6e	1
	6f	4414
	6g(1)	922
	6g(2)	944
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2R 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan OCEAN STATE JOBBERS, INC. & AFFILIATES 401(K) PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 A&M SPECIAL PURCHASING, INC.	D Employer Identification Number (EIN) 05-0405488	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NEWPORT GROUP INC.

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 21 50	RECORDKEEPER	16018	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan OCEAN STATE JOBBERS, INC. & AFFILIATES 401(K) PLAN	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 A&M SPECIAL PURCHASING, INC.	D Employer Identification Number (EIN) 05-0405488

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	52630	12366
(3) Other	1b(3)		0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	375513	459833
(2) U.S. Government securities	1c(2)		0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		0
(B) All other	1c(3)(B)		0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		0
(B) Common	1c(4)(B)		0
(5) Partnership/joint venture interests	1c(5)		0
(6) Real estate (other than employer real property)	1c(6)		0
(7) Loans (other than to participants)	1c(7)		0
(8) Participant loans	1c(8)	631393	696623
(9) Value of interest in common/collective trusts	1c(9)		0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	34753097	36770043
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2486947	2157135

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		0
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	38299580	40096000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	38299580	40096000

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)	3157545	
(C) Others (including rollovers).....	2a(1)(C)	481745	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3639290
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	52311	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		52311
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1969584	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1969584
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	1858262
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	7519447

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5704309
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	5704309
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions).....	2g	0
h Interest expense.....	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	18718
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	18718
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	5723027

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	1796420
l Transfers of assets:		
(1) To this plan.....	2l(1)	0
(2) From this plan	2l(2)	0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **KAHN, LITWIN, RENZA & CO., LTD**

(2) EIN: **05-0409384**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	380080
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>OCEAN STATE JOBBERS, INC. & AFFILIATES 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>A&M SPECIAL PURCHASING, INC.</u>	D Employer Identification Number (EIN) <u>05-0405488</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 94-1687665

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---------------------------------------------------------------------------------------------------------------------------------------------------

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702803A.

**OCEAN STATE JOBBERS &
AFFILIATES 401(K) PLAN**

**Financial Statements
and Supplemental Schedules**

Years Ended December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

Years Ended December 31, 2024 and 2023

	<u>Page</u>
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Plan Benefits	5
Statements of Changes in Net Assets Available for Plan Benefits	6
Notes to the Financial Statements	7
SUPPLEMENTAL SCHEDULES (Note A):	
Schedule of Assets (Held at End of Year)	15
Schedule of Delinquent Participant Contributions	17

Note A: Schedules not included with this supplemental data have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of the
Ocean State Jobbers & Affiliates 401(k) Plan:

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Ocean State Jobbers & Affiliates 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the Statements of Net Assets Available for Plan Benefits as of December 31, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Plan Benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section -

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the Plan; and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2024 and Schedule of Delinquent Participant Contributions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or are derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Kahn, Litwin, Renya & Co., Ltd.

October 14, 2025

OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2024 and 2023



	2024	2023
Assets		
Investments, at fair value:		
Cash and cash equivalents	\$ 11,505	\$ -
Money market fund	459,833	375,513
Mutual funds	36,770,043	34,753,097
Unitized managed accounts	2,145,630	2,486,947
	39,387,011	37,615,557
Receivables:		
Employee contributions	12,366	52,630
Participant notes	696,623	631,393
	708,989	684,023
Net Assets Available for Plan Benefits	\$ 40,096,000	\$ 38,299,580

OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
Years Ended December 31, 2024 and 2023



	2024	2023
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	\$ 1,969,584	\$ 1,201,744
Net appreciation in fair value of investments	1,858,262	3,308,283
	3,827,846	4,510,027
Interest income from participant notes receivable	52,311	33,867
Contributions:		
Participants	3,157,545	2,836,080
Rollovers	481,745	558,036
	3,639,290	3,394,116
	7,519,447	7,938,010
Deductions from net assets attributed to:		
Benefit payments and withdrawals	5,704,309	2,183,626
Administrative expenses	18,718	15,983
Total deductions	5,723,027	2,199,609
	1,796,420	5,738,401
Net Assets Available for Plan Benefits:		
Beginning of year	38,299,580	32,561,179
End of year	\$ 40,096,000	\$ 38,299,580

See accompanying notes to the financial statements and independent auditors' report.

OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

1. Description of Plan

The following description of the Ocean State Jobbers & Affiliates 401(k) Plan (the Plan) is intended to provide only general information regarding the Plan. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Plan is a participant directed defined contribution 401(k) plan covering substantially all employees of Ocean State Jobbers & Affiliates (the Employer) who have completed six months of service and are twenty-one (21) years old or older. Effective January 1, 2024, the Plan allows part-time employees who are credited with three consecutive years of service of 500 hours each year, to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

TD Ameritrade Holding Corporation, including TD Ameritrade's Trust Company (TD Ameritrade), was acquired by Charles Schwab Corporation during October 2020, and the integration process was completed in 2023. On October 4, 2021, Charles Schwab Trust Bank (Charles Schwab) became the trustee and custodian of the Plan, while Newport Group, Inc. (Newport) was designated as the recordkeeper of the Plan. In conjunction with the change in trustee and custodian, effective January 1, 2022, the Plan was amended and restated.

Effective July 1, 2024, the Plan Sponsor changed its trustee from Charles Schwab to Bank of America (BoA) and its custodian from Newport to Merrill Lynch. As the appointed trustee and custodian, Bank of America and Merrill Lynch act at the discretion of the Plan Administrator. Effective September 4, 2024, the Plan assets transferred from Charles Schwab to Merrill Lynch. In addition, the Plan was amended and restated with changes as described in the restated Plan document.

Contributions

Participants may contribute up to the annual limitation prescribed by the Internal Revenue Service (IRS), on a pre-tax or after-tax basis. During 2024 and 2023, participants who have projected to be age 50 or older by the end of the calendar year and who are making deferral contributions may also make catch-up contributions of up to \$7,500, respectively. Participants may rollover amounts representing distributions from other qualified defined benefit or contribution plans. Through September 3, 2024, the employer may elect to make a discretionary matching contribution in an amount determined by the Employer prior to the end of each Plan year. There were no discretionary matching contributions made in 2024 or 2023.

OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

During 2025, the Plan adopted a provision of the Setting Every Community Up for Retirement Enhancement Act of 2022 (SECURE) Act 2.0, allowing certain eligible participants to make increased catch-up elective deferrals, referred to as “super catch-up” contributions. Under this provision, the maximum catch-up deferral amount for participants between the ages of 60 and 63 increased from \$7,500 to \$11,250.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, the Employer’s matching contribution, if any, and their allocation of Plan earnings/losses and any expenses incurred. Allocations are based on participant compensation or individual participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Investment Options

Upon enrollment in the Plan, a participant may direct their contributions into various mutual funds, cash and cash equivalents, a money market fund, or unitized managed accounts. Participants may change their investment options at any time.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Prior to September 5, 2024, vesting in the Employer’s discretionary contribution portion of their accounts plus actual earnings was based on years of continuous service. A participant was fully vested after five (5) years of credited service. Participants were partially vested in the Employer contributions as follows: 20% after 1 year, 40% after 2 years, 60% after 3 years, 80% after 4 years, and 100% after 5 years.

Participant Notes Receivable

Participants may borrow from their account a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Terms range from 1 to 5 years, or up to 10 years for the purchase of a primary residence. The notes are secured by the balance in the participant’s account and bear interest at a rate of prime plus 1%. A participant may only have one loan outstanding at a time. Principal and interest are paid ratably through payroll deductions. Participants pay a fee of \$100 per note. This amount is withdrawn from the participant’s account at the time the note is taken. In addition, there is an annual service charge of \$50 for each year that the loan is outstanding.

OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

Payment of Benefits

On termination of service due to death, disability or retirement, a participant (or participant's beneficiary in the event of death) receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution. Participant vested account balances that are \$5,000 (\$7,000 effective September 20, 2024) or less will be paid in a lump-sum in accordance with the procedures described in the Plan. In addition, hardship withdrawals from the Plan are permitted subject to the applicable ERISA laws.

Early Withdrawals

In-service withdrawals are permitted after a participant reaches age 59 ½.

Forfeitures

Participants in the Plan who leave the employment of the Employer before completing five years of service forfeit the non-vested portion of their accounts. There were no forfeitures as of December 31, 2024 and 2023.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Valuation of Investments and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 3). The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment advisors.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Participant Notes Receivable

Participant notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. Interest income on participant notes receivable is recorded when it is earned. A receivable is considered past due if payment has not been received within stated terms. Delinquent participant notes receivables are reclassified as distributions based on the terms of the Plan document.

OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

Contributions

Contributions from employees' compensation deferrals are recorded weekly when the Employer remits the payroll deductions for investment into the Plan.

Payment of Benefits

Benefits are recognized when paid to participants or their designated beneficiaries.

Administrative Expenses

Certain administrative expenses of the Plan are paid by the Employer, unless the Employer directs that the expenses be paid by the Plan. Expenses that are paid by the Employer are excluded from these financial statements. Participant notes receivable set-up and maintenance fees are paid directly by the participants through a reduction in their account and are included in administrative expenses. Investment management and recordkeeping fees, if applicable, are paid by the Plan through revenue sharing as a reduction of investment income (net appreciation or depreciation) from the related investment fund.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported changes in net assets. Accordingly, actual results may differ from those estimates.

Risks and Uncertainties

The Plan provides for various investment options with various investment objectives. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Plan Benefits.

The Plan invested in three mutual funds and two mutual funds that accounted for approximately 36% and 26% of total Plan investments as of December 31, 2024 and 2023, respectively.

Financial Instruments with a Concentration of Credit Risk

The Plan's investments are held by a single trustee. The Plan's exposure to credit risk is associated with the outside entity's non-performance of their fiduciary responsibilities relating to these amounts as specified in the agreements. Benefits provided by the Plan are not insured or guaranteed by the Pension Benefit Guaranty Corporation.

OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

Subsequent Events

Management has evaluated subsequent events through October 14, 2025, which is the date these financial statements were available to be issued.

3. Fair Value Measurements

The framework for measuring fair value provides a hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives highest priority to unadjusted quoted prices in active markets for identical assets (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of fair value hierarchy and inputs to the valuation methodologies are described as follows:

Level 1 inputs are unadjusted quoted prices in active markets for identical assets the Plan has the ability to access.

Level 2 inputs are other than quoted prices in active markets that are observable either directly or indirectly for the asset. Such inputs are derived principally from or corroborated by observable market data for similar assets by correlation or other means, over substantially the full contractual term of the asset, if applicable.

Level 3 inputs are unobservable and significant to the fair value measurement. Such inputs generally rely on the Plan's own assumptions about the assumptions that market participants would use in pricing the asset.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

Cash and cash equivalents: The carrying amount of cash and cash equivalents is deemed to be valued at deposit amount plus accrued interest, as determined according to stated terms.

Money market fund: The carrying amount of the money market fund is deemed to be valued at deposit amount plus accrued interest, as determined according to stated terms.

OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Unitized Managed Accounts: Custom portfolio provided by the Plan’s independent registered investment advisor and valued at the daily closing price as reported by the underlying mutual funds. Mutual funds held by the accounts are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their NAV and to transact at that price. The mutual funds held by the accounts are deemed to be actively traded.

Plan investments are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits as follows:

December 31, 2024	Level 1
Cash and Cash Equivalents	\$ 11,505
Money Market Fund	459,833
Mutual Funds	36,770,043
Unitized Manager Accounts	2,145,630
Total	\$ 39,387,011
December 31, 2023	Level 1
Money Market Fund	\$ 375,513
Mutual Funds	34,753,097
Unitized Managed Accounts	2,486,947
Total	\$ 37,615,557

4. Plan Termination

The Employer expects to continue the Plan indefinitely. However, the Employer reserves the right to amend the Plan or contributions thereto, at any time and in any manner that it deems advisable, provided that no amendment shall have the effect of diverting Plan assets for purposes other than for the exclusive benefit of the Plan participants and any Plan termination would be subject to the provisions of ERISA. If the Plan is terminated, the participants become fully vested and entitled to receive all amounts credited to their accounts.

OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

5. Income Tax Status

The Plan has adopted a Non-Standardized Pre-Approved Profit Sharing/Money Purchase/CODA plan. The Plan has received an opinion letter dated June 30, 2020, in which the IRS determined the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan Administrator believes that the Plan is currently designed and operating in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the opinion letter in order to comply with the latest applicable tax laws and regulations.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Summary of Financial Data Certified by the Trustees

The following is a summary of financial information and data certified by the trustee, BoA as of December 31, 2024 and for the period September 5, 2024 to December 31, 2024, and Charles Schwab as of December 31, 2023 and for the period January 1, 2023 to September 4, 2024:

Statements of Net Assets Available for Plan Benefits as of December 31, 2024 and 2023, except for employee contributions receivable;

Investment income and interest income from participant notes receivable on the Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2024 and 2023, and;

Investment information provided on the supplemental schedule, Schedule of Assets (Held at End of Year) at December 31, 2024.

7. Differences from Form 5500

Differences between the Annual Return/Report of Employee Benefit Plan, Form 5500, and these financial statements are a result of different classifications between line items. Total plan assets are in agreement.

OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

8. Related Party Transactions and Party-in-Interest Transactions

Newport was the recordkeeper of the Plan, and Plan investments were held and managed by Charles Schwab, the trustee and custodian of the Plan through September 4, 2024. Effective September 5, 2024, BoA is the trustee and recordkeeper of the Plan, and Plan investments are held and managed by Merrill Lynch, the custodian. The Plan's unitized managed accounts are managed by the Plan's registered investment advisor through September 4, 2024, and then by the Merrill Lynch the Plan's custodian, effective September 5, 2024. Therefore, these transactions qualify as party-in-interest transactions. The Plan made direct payments to Newport and BoA in the amounts of \$16,018 and \$2,700, respectively, for the year ended December 31, 2024. The Plan made direct payments to Newport in the amount \$15,983 for the year ended December 31, 2023. In addition, participant notes receivable qualify as party-in-interest transactions.

9. Non-exempt Transactions

During 2024 and 2023, the Employer failed to remit participant contributions and loan repayments of \$75,437 and \$304,643, respectively, to the Plan on a timely basis as prescribed in the applicable Department of Labor Regulations 29 CFR 2510.3-102. Defined contribution plans must remit employee contributions to the Plan as soon as they can be reasonably segregated from the Employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld or received by the Employer.

During 2024, the Employer remitted untimely participant contributions of \$12,366, due to the Plan for the year ended December 31, 2024. The Employer is currently working with its third-party administrator to calculate and remit any lost earnings associated with these late remittances.

During 2024, the Employer remitted untimely participant contributions of \$63,071 due to the Plan for the year ended December 31, 2024, with lost earnings remitted during 2024.

During 2023, the Employer remitted untimely participant contributions of \$8,500 due to the Plan for the year ended December 31, 2023, with lost earnings remitted during 2024.

During 2024 and 2023, the Employer remitted untimely participant contributions of \$58,415 and \$237,728, respectively, due to the Plan for the year ended December 31, 2023. The Employer is currently working with its third-party administrator to calculate and remit any lost earnings associated with these late remittances.

OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN
ATTACHMENT TO SCHEDULE H, PART 4, ITEM 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024

Employer Identification Number: 05-0405488

Plan Number: 005

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Cash and Cash Equivalents</u>		
*	Merrill Lynch	Bank Deposit Program	\$ 11,505
	<u>Money Market Fund</u>		
	Vanguard	Cash Reserves Federal MM	459,833
	<u>Mutual Funds:</u>		
	DFA	Emerging Markets Institutional Class Fund	147,837
	DFA	Global Allocation 60/40 Institutional Class Fund	37,088
	DFA	Global Real Estate Institutional Securities Fund	78,226
	DFA	Inflation Protected Institutional Securities	83,262
	DFA	International Core Institutional Fund	206,340
	DFA	International Small Company Institutional Fund	179,953
	DFA	US Large Cap Value Institutional Fund	279,258
	Vanguard	500 Index Fund	1,749,214
	Vanguard	Dividend Growth Fund	948,455
	Vanguard	Equity - Income Fund	470,401
	Vanguard	Health Care Fund	2,690,427
	Vanguard	High - Yield Corporate Fund	95,320
	Vanguard	Mid Cap Index Fund	552,208
	Vanguard	Real Estate Index Admiral Fund	242,407
	Vanguard	Small Cap Index Admiral Fund	225,969
	Vanguard	Small Cap Value Admiral Index	53,401
	Vanguard	Short - Term Bond Index Admiral Fund	78,573
	Vanguard	Short - Term Investment Grade Admiral Fund	39,048
	Vanguard	Strategic Equity Fund	116,313
	Vanguard	Target Retirement 2020 Fund	2,207,294
	Vanguard	Target Retirement 2025 Fund	5,747,416
	Vanguard	Target Retirement 2030 Fund	4,298,037
	Vanguard	Target Retirement 2035 Fund	4,024,575
	Vanguard	Target Retirement 2040 Fund	3,318,884
	Vanguard	Target Retirement 2045 Fund	3,098,580
	Vanguard	Target Retirement 2050 Fund	1,025,565
	Vanguard	Target Retirement 2055 Fund	815,130
	Vanguard	Target Retirement 2060 Fund	312,943
	Vanguard	Target Retirement 2070 Fund	40
	Vanguard	Target Retirement Income Fund	2,596,406
	Vanguard	Total Bond Market Index Fund	273,883
	Vanguard	Total International Bond Index Admiral Fund	65,935
	Vanguard	Total Stock Market Index Admiral Fund	476,837
	Vanguard	Wellesley Income Admiral Fund	234,818
	Total Mutual Funds		<u>36,770,043</u>

**OCEAN STATE JOBBERS & AFFILIATES 401(K) PLAN
ATTACHMENT TO SCHEDULE H, PART 4, ITEM 4i -
SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED
December 31, 2024**

Employer Identification Number: 05-0405488
Plan Number: 005

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current value
	<u>Unitized Managed Accounts:</u>		
	DFA	Emerging Markets Fund Institutional Fund	92,245
	DFA	Global Real Estate Institutional Fund	16,960
	DFA	Inflation Protected Institutional Securities	130,173
	DFA	International Core Institutional Fund	205,886
	DFA	International Small Company Institutional Fund	80,840
	DFA	US Large Cap Value Institutional Fund	96,507
	Vanguard	500 Index Fund	167,380
	Vanguard	Dividend Growth Fund	102,182
	Vanguard	High - Yield Corporate Fund	224,046
	Vanguard	Real Estate Index Admiral Fund	86,462
	Vanguard	Mid Cap Index Fund	66,349
	Vanguard	Small Cap Index Admiral Fund	37,288
	Vanguard	Short - Term Investment Grade Admiral Fund	349,345
	Vanguard	Total Bond Market Index Fund	209,090
	Vanguard	Total International Bond Index Admiral Fund	90,779
	Vanguard	Total Stock Market Index Admiral Fund	190,098
	Total Unitized Managed Accounts		<u>2,145,630</u>
		Interest rates of 4.25% to 9.50%; maturing at various dates through November 2032, collateralized by participants' vested account balances	<u>696,623</u>
*	Participant loans		<u>\$ 40,083,634</u>

* Indicates party-in-interest to the Plan.

Note: All investments are participant directed; therefore, the unit and cost columns have been omitted.

Schedule II

**OCEAN STATE JOBBERS & AFFILIATES, INC. 401(K) PLAN
ATTACHMENT TO SCHEDULE H, PART 4, LINE 4a-
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
Year Ended December 31, 2024**

Employer Identification Number: 05-0405488
Plan/Group Number: 005

<u>Identity of Party Involved</u>		<u>Relationship to Plan, Employer or Other Party-in-interest</u>		<u>Total that Constitutes Non-exempt Prohibited Transactions</u>				
				<u>Participant Contributions Transferred Late to Plan</u>	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP and PTE-2002-51</u>
*	Ocean State Jobbers & Affiliates, Inc.		Employer					
(1)	\$	8,500	** \$	-	\$	8,500	\$	-
*** (2)		237,728	**	237,728		-		-
*** (3)		58,415	**	58,415		-		-
*** (4)		12,366	**	12,366		-		-
*** (5)		63,071	**	-		63,071		-

- (1) Delinquent participant contributions were related to year ended December 31, 2023 and remitted to the Plan during 2023, with the payment of lost earnings made during 2024.
- (2) Delinquent participant contributions were related to year ended December 31, 2023 and remitted to the Plan during 2023, with the payment of lost earnings to be made in 2025.
- (3) Delinquent participant contributions were related to year ended December 31, 2023 and remitted to the Plan during 2024, with the payment of lost earnings to be made in 2025.
- (4) Delinquent participant contributions were related to year ended December 31, 2024 and remitted to the Plan during 2024, with the payment of lost earnings to be made in 2025.
- (5) Delinquent participant contributions were related to year ended December 31, 2024 and remitted to the Plan during 2024, with the payment of lost earnings made in 2024.

* Indicates party-in-interest to the Plan.

** Participant contributions were not remitted by the Employer on a timely basis as described in 29 CFR 2510.3-102.

*** Participant loans were not remitted timely and are included in the contributions amounts.

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Ocean State Jobbers, Inc. & Affiliates 401(k) Plan
Plan Sponsor's Name: A&M Special Purchasing Inc.

EIN:05-0405488
PN:005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	ACCRUED INCOME	ACCRUED INCOME	60	60
	LOAN FUND	LOANS	696,623	696,623
	BLF FEDFUND	MONEY MARKET	-10,881	-10,881
	VANGUARD CASH RSRVS FED MM ADM	MONEY MARKET	470,654	470,654
	DFA EMERGING MARKETS CL INSTL	MUTUAL FUNDS	152,181	147,837
	DFA EMERGING MARKETS INSTL GM	MUTUAL FUNDS	93,596	92,245
	DFA GLBL REAL ESTATE INSTL GM	MUTUAL FUNDS	18,454	16,960
	DFA GLBL REAL ESTATE SEC INSTL	MUTUAL FUNDS	86,619	78,226
	DFA GLOBAL ALLOC 60/40 INSTL	MUTUAL FUNDS	38,643	37,088
	DFA INFLATION PROTCTD INSTL GM	MUTUAL FUNDS	134,320	130,173
	DFA INFLATION PROTECTED INSTL	MUTUAL FUNDS	85,961	83,262
	DFA INTERNATIONAL CORE INSTL	MUTUAL FUNDS	219,616	206,340
	DFA INTERNATIONAL CR INSTL GM	MUTUAL FUNDS	214,855	205,886
	DFA INTL SMALL CMPNY INSTL GM	MUTUAL FUNDS	84,326	80,840
	DFA INTL SMALL COMPANY INSTL	MUTUAL FUNDS	191,086	179,953
	DFA US LARGE CP VAL INSTL GM	MUTUAL FUNDS	95,525	96,507
	DFA US LARGE CP VAL PRTL INSTL	MUTUAL FUNDS	282,750	279,258
	VANGUARD 2020 TARGET RETIREMNT	MUTUAL FUNDS	2,383,234	2,207,294
	VANGUARD 2025 TARGET RETIREMNT	MUTUAL FUNDS	6,096,594	5,747,418

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Ocean State Jobbers, Inc. & Affiliates 401(k) Plan
Plan Sponsor's Name: A&M Special Purchasing Inc.

EIN:05-0405488
PN:005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	VANGUARD 2030 TARGET RETIREMNT	MUTUAL FUNDS	4,396,891	4,298,037
	VANGUARD 2035 TARGET RETIREMNT	MUTUAL FUNDS	4,086,532	4,024,575
	VANGUARD 2040 TARGET RETIREMNT	MUTUAL FUNDS	3,342,796	3,318,884
	VANGUARD 2045 TARGET RETIREMNT	MUTUAL FUNDS	3,103,950	3,098,580
	VANGUARD 2050 TARGET RETIREMNT	MUTUAL FUNDS	1,034,752	1,025,565
	VANGUARD 2055 TARGET RETIREMNT	MUTUAL FUNDS	814,790	815,130
	VANGUARD 2060 TARGET RETIREMNT	MUTUAL FUNDS	313,500	312,943
	VANGUARD 2070 TARGET RETIREMNT	MUTUAL FUNDS	41	40
	VANGUARD 500 INDEX FUND	MUTUAL FUNDS	1,662,380	1,749,214
	VANGUARD 500 INDEX FUND GM	MUTUAL FUNDS	154,919	167,380
	VANGUARD DIVIDEND GROWTH FUND	MUTUAL FUNDS	1,063,543	948,455
	VANGUARD DIVIDEND GROWTH GM	MUTUAL FUNDS	113,714	102,182
	VANGUARD EQUITY INCOME CL ADM	MUTUAL FUNDS	498,540	470,401
	VANGUARD HEALTH CARE FD ADM	MUTUAL FUNDS	3,404,613	2,690,427
	VANGUARD HIGH YIELD CORPORATE	MUTUAL FUNDS	96,371	95,320
	VANGUARD HIGH YIELD CORPRT GM	MUTUAL FUNDS	226,760	224,046
	VANGUARD MID CAP INDEX FUND	MUTUAL FUNDS	533,747	552,208
	VANGUARD MID CAP INDEX FUND GM	MUTUAL FUNDS	62,926	66,349
	VANGUARD REIT INDEX FD ADM GM	MUTUAL FUNDS	91,640	86,462

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Ocean State Jobbers, Inc. & Affiliates 401(k) Plan
Plan Sponsor's Name: A&M Special Purchasing Inc.

EIN:05-0405488
PN:005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value
	VANGUARD REIT INDEX FUND ADM	MUTUAL FUNDS	258,565	242,407
	VANGUARD SHORT TERM BOND ADM	MUTUAL FUNDS	79,388	78,573
	VANGUARD SH-TM INV;ADM	MUTUAL FUNDS	39,441	39,048
	VANGUARD SH-TM INV;ADM GM	MUTUAL FUNDS	353,646	349,346
	VANGUARD SMALL CAP INDEX FD GM	MUTUAL FUNDS	34,682	37,288
	VANGUARD SMALL CAP INDEX FUND	MUTUAL FUNDS	215,553	225,969
	VANGUARD SMALL CAP VALUE ADM	MUTUAL FUNDS	52,444	53,401
	VANGUARD STRATEGIC EQUITY INV	MUTUAL FUNDS	122,580	116,313
	VANGUARD TL BD MRK IDX ADM GM	MUTUAL FUNDS	217,181	209,090
	VANGUARD TOTAL BD MRK IDX ADM	MUTUAL FUNDS	282,604	273,883
	VANGUARD TOTAL INTL BD CL ADM	MUTUAL FUNDS	66,947	65,935
	VANGUARD TOTAL INTL CL ADM GM	MUTUAL FUNDS	92,465	90,779
	VANGUARD TOTAL STK MRT ADM GM	MUTUAL FUNDS	175,585	190,098
	VANGUARD TOTAL STOCK MRT ADM	MUTUAL FUNDS	452,748	476,837
	VANGUARD TRGT INCOME RETRMNT	MUTUAL FUNDS	2,701,807	2,596,406
	VANGUARD WELLESLEY INC CL ADM	MUTUAL FUNDS	247,821	234,818
	SELF-DIRECT ACCT	OTHER ASSETS	11,105	11,105
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	400	400
	UNINVESTED CASH	UNINVESTED CASH	0	0

Attachment to 2024 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Ocean State Jobbers, Inc. & Affiliates 401(k) Plan
Plan Sponsor's Name: A&M Special Purchasing Inc.

EIN:05-0405488
PN:005

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current Value