



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 80281		2. Exact name of the Corporation Olympia Tea Room, Inc.		
3. Principal office address 74 Bay Street		PO BOX 2385	City Westerly	State RI
			Zip 02891	
4. Business Phone No. 401 348-8211		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island ownership and operation of a restaurant business and restaurant property				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Marcia H. Felber		Vice-President Name		
Street Address 8 Elm Street		Street Address		
City Westerly	State RI	Zip 02891	City	State
			Zip	
Secretary Name Marcia H. Felber		Treasurer Name Marcia H. Felber		
Street Address 8 Elm Street		Street Address 8 Elm Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI
			Zip 02891	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Marcia H. Felber		Director Name		
Street Address 8 Elm Street		Street Address		
City Westerly	State RI	Zip 02891	City	State
			Zip	
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
			Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	common	no par

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 30 2013

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.

Marcia H. Felber 1/30/2013
 Signature of Authorized Representative Date

Marcia H. Felber
 Print or Type Name of Authorized Representative

By *MHC*
 CR # 17283