



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. 75861		2. Exact name of the Corporation Olympic Home Services, Inc.			
3. Principal office address 409 South Main Street			City Pascoag	State RI	Zip 02859
4. Business Phone No. (401) 524-5744			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Home inspections and yard maintenance					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert G. Boyd			Vice-President Name Robert G. Boyd		
Street Address 409 South Main Street			Street Address 409 South Main Street		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Robert G. Boyd			Treasurer Name Robert G. Boyd		
Street Address 409 South Main Street			Street Address 409 South Main Street		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert G. Boyd			Director Name None		
Street Address 409 South Main Street			Street Address		
City Pascoag	State RI	Zip 02859	City	State	Zip
Director Name None			Director Name None		
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 Shares	Common	No Par Value

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.

FILED

File Date _____

Check No _____ **MAY 09 2013**

By: _____

FOR SECRETARY OF STATE USE ONLY

BT
 29-196-934

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.

Robert G. Boyd **5/3/13**
 Signature of Authorized Representative Date

Robert G. Boyd, President

Print or Type Name of Authorized Representative