



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 **2015**

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. <b>96871</b>		2. Exact name of the Corporation <b>OLA ENTERPRISES, INC.</b>								
3. Principal office address <b>16 Brook Drive</b>			City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>					
4. Business Phone No. <b>401-487-7181</b>			5. State of Incorporation <b>RI</b>							
6. Brief description of the character of business conducted in Rhode Island <b>Environmental Consulting Services</b>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <b>Phyllis Farley</b>			Vice-President Name <b>Clark Farley</b>							
Street Address <b>16 brook dr</b>			Street Address <b>16 Brook Dr</b>							
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>					
Secretary Name <b>Clark Farley</b>			Treasurer Name <b>Phyllis Farley</b>							
Street Address <b>16 Brook Dr</b>			Street Address <b>16 Brook Dr</b>							
City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>	City <b>Hope Valley</b>	State <b>RI</b>	Zip <b>02832</b>					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name <b>none</b>			Director Name <b>none</b>							
Street Address <b>none</b>			Street Address <b>none</b>							
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>					
Director Name <b>none</b>			Director Name <b>none</b>							
Street Address <b>none</b>			Street Address <b>none</b>							
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>					
9. SHARES AUTHORIZED										
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		
						none	none	none		
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										

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

Form No. 630  
 Revised: 01/2012

**FILED**  
 FEB 25 2015  
 1084

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.

Signature of Authorized Representative: Phyllis Farley Date: 2/21/15  
 Print or Type Name of Authorized Representative: Phyllis Farley