



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 **2016**

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. 140090		2. Exact name of the Corporation OLNEYVILLE NEW YORK SYSTEM SPECIALTIES, INC.			
3. Principal office address 20 Plainfield Street		City Providence	State RI	Zip 02909	
4. Business Phone No. 401-621-9500		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the wholesale and retail business of selling and distributing food and dry goods.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name STEPHANIE TURINI			Vice-President Name GREGORY STEVENS		
Street Address 136 Greening Lane			Street Address 4 Apple Blossom Drive		
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919
Secretary Name GREGORY STEVENS			Treasurer Name STEPHANIE TURINI		
Street Address 4 Apple Blossom Drive			Street Address 136 Greening Lane		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("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
			200 Share	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 10 2016

BY **KL 6608**

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.

Stephanie Turini 2/4/16
 Signature of Authorized Representative Date

Stephanie Turini
 Print or Type Name of Authorized Representative