RI SOS Filing Number: 201699036440 Date: 05/16/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | **Email:** corporations@sos.ri.gov | **Website:** www.sos.ri.gov

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CORPORATIONS DIV
2016 MAY 16 PM 12:37

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
305424	OLNEYVILLE MERCHANTS ASSOCIATION INC.
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	ASSIST BUSINESS DEVELOPEMENT IN THE OLNEYVILLE SECTION OF PROV

5. Principal Office Address	City	State	Zip
18 PLAINFIELD ST	PROV.	RI	02909

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	GREGORY P. STEVENS		Vice-President Name	MICHEL BUREAU	
Street Address	4 APPLE BLOSSOM DR		Street Address	1955 WESTMINSTER ST	
City	JOHNSTON	State RI Zip 02919	City	PROV.	State RI Zip 02909
Secretary Name	DAVE DUBOIS		Treasurer Name	GREGORY STEVENS	
Street Address	1911 WESTMINSTER ST		Street Address	4 APPLE BLOSSOM DR	
City	PROV.	State RI Zip 02909	City	JOHNSTON	State RI Zip 02919

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name	GREGORY P. STEVENS		Director Name	MICHEL BUREAU	
Street Address	4 APPLE BLOSSOM DR		Street Address	1955 WESTMINSTER ST	
City	JOHNSTON	State RI Zip 02919	City	PROV.	State RI Zip 02909
Director Name	DAVE DUBOIS		Director Name		
Street Address	1911 WESTMINSTER ST		Street Address		
City	PROV.	State RI Zip 02909	City	State	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
GREGORY P. STEVENS	5.R.16

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
MAY 16 2016
By 29433
A.A.

Form No. 631
Revised: 2016
137001-1-1120339