



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 9B1024		2. Exact name of the Corporation Ollie Inc.									
3. Principal Office Address 101 Ocean Avenue		City Block Island	State RI	Zip 02807							
4. NAICS Code 44-45 - Retail Trade	6. Brief description of the character of business conducted in Rhode Island Individual convenience/ grocery store.										
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Cynthia May Geer		Vice-President Name Stanton A. Geer									
Street Address 1121 High Street		Street Address 1121 High Street									
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807						
Secretary Name Stanton A. Geer		Treasurer Name Cynhtia May Geer									
Street Address 1121 High Street		Street Address 1121 High Street									
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Cynthia May Geer		Director Name Stanton A. Geer									
Street Address 1121 High Street		Street Address 1121 High Street									
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807						
Director Name		Director Name									
Street Address		Street Address									
City	State	Zip	City	State	Zip						
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>									
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>NO Common</td><td>par</td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	NO Common	par
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100	NO Common	par									
11. 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. 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.											
Name of Authorized Representative Cynthia May Geer				Date 2/6/17							
Signature of Authorized Representative Cynthia May Geer, Pres, Ollie Inc.											

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 13 2017

BY 18902

FORM 630 - Revised: 02/2017