



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 <b>536468</b>		2. Exact name of the Corporation <b>O'LYN Contractors Inc (</b>												
3. Principal Office Address <b>916 Pleasant Street Unit 4</b>			City <b>Norwood</b>	State <b>MA</b>	Zip <b>02062</b>									
4. NAICS Code <b>23 - Construction</b>		6. Brief description of the character of business conducted in Rhode Island <b>Roofing Contractor</b>												
5. State of Incorporation <b>Massachusetts</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Linda N. Olen</b>			Vice-President Name											
Street Address <b>10 Navaho Drive</b>			Street Address											
City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>Michael J. Olen</b>			Director Name											
Street Address <b>10 Navano Drive</b>			Street Address											
City <b>Canton</b>	State <b>MA</b>	Zip <b>02021</b>	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
This information is currently of record in the Department of State.  Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>7500</b></td> <td><b>CNP</b></td> <td><b>0.00</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>7500</b>	<b>CNP</b>	<b>0.00</b>			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
<b>7500</b>	<b>CNP</b>	<b>0.00</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>Linda Olen</b>				Date <b>08/17/2017</b>										
Signature of Authorized Representative 														

## 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

AUG 21 2017

5883 DS

BY