



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018  
Corporation

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→ 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 <u>0000162307</u>		2. Exact name of the Corporation <u>Olympian Properties Inc</u>			
3. Principal Office Address <u>178 Valley St</u>		City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Property Management</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Jose A. Sousa</u>			Vice-President Name <u>N/A</u>		
Street Address <u>178 Valley Street</u>			Street Address <u>N/A</u>		
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>
Secretary Name <u>N/A</u>			Treasurer Name <u>N/A</u>		
Street Address <u>N/A</u>			Street Address <u>N/A</u>		
City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>	City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
Street Address <u>N/A</u>			Street Address <u>N/A</u>		
City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>	City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
Street Address <u>N/A</u>			Street Address <u>N/A</u>		
City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>	City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
Changes require an additional filing.		<u>0</u>		<u>/</u>	<u>0</u>
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 <u>Jose A. Sousa</u>				Date <u>1/19/18</u>	
Signature of Authorized Representative <u>[Signature]</u>				SIGN DOCUMENT HERE <b>FILED</b> JAN 25 2018	

MAIL TO:  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

BY 322624  
A.A.