



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018  
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>73019</b>		2. Exact name of the Corporation <b>Olneyville New York Systems, Inc.</b>			
3. Principal Office Address <b>20 Plainfield Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>72 - Accommodation and Food</b>		6. Brief description of the character of business conducted in Rhode Island <b>Operate Restaurant</b>			
5. State of Incorporation 		(401)621-9500 <b>722511</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>Gregory Stevens</b>			Vice-President Name <b>Stephanie Turini</b>		
Street Address <b>4 Apple Blossom drive</b>			Street Address <b>136 Greening Lane</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Stephanie Turini</b>			Treasurer Name <b>Gregory Stevens</b>		
Street Address <b>136 Greening Lane</b>			Street Address <b>4 Apple Blossom drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
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>None</b>			Director Name <b>None</b>		
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 <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.			10. Shares Issued		
			NUMBER OF SHARES <b>0</b>	CLASS/SERIES	PAR VALUE <b>0</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.					
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 <b>Gregory Stevens</b>				Date <b>2.15.18</b>	
Signature of Authorized Representative 				FILED  SIGN DOCUMENT HERE <b>MAR 08 2018</b>  BY <b>110355 DS</b>	

MAIL TO:  
 Division of Business Services  
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