



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

Annual Report for the year: 2019
Corporation

MAR 01 2019

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 17585 DS

1. Entity ID Number 73019		2. Exact name of the Corporation Olneyville New York Systems, Inc.			
3. Principal Office Address 20 Plainfield Street			City Providence	State RI	Zip 02909
4. NAICS Code 72511 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Operate Restaurant			
5. State of Incorporation		(401)621-9500			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory Stevens			Vice-President Name Stephanie Turini		
Street Address 4 Apple Blossom drive			Street Address 136 Greening Lane		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02920
Secretary Name Stephanie Turini			Treasurer Name Gregory Stevens		
Street Address 136 Greening Lane			Street Address 4 Apple Blossom drive		
City Cranston	State RI	Zip 02920	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		0		0	
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 Gregory Stevens					Date 2.19.19
Signature of Authorized Representative					SIGN DOCUMENT HERE

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