RI SOS Filing Number: 202033162740 Date: 1/23/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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	2. Exact name of the Corporation
96871	OLA ENTERPRISES, INC.

3. Principal Office Address	City	State	Zip
16 BROOK DRIVE	HOPE VALLEY	RI	02832

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541620	CONSULTING
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
PHYLLIS FARLEY	~~NONE.~~ PF Clark Farley
Street Address: 16 BROOK DRIVE	Street Address: 16 Brook Dr
City: HOPE VALLEY; State: RI; Zip: 02832	City: Hope Valley; State: RI; Zip: 02832
Secretary Name	**Treasurer Name**
~~NONE.~~ PF Clark Farley	~~NONE.~~ PF Phyllis Farley
Street Address: 16 Brook Dr	Street Address: 16 Brook Dr
City: Hope Valley; State: RI; Zip: 02832	City: Hope Valley; State: RI; Zip: 02832

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
none	none
Street Address	Street Address
City; State; Zip	City; State; Zip
Director Name	**Director Name**
none	none
Street Address	Street Address
City; State; Zip	City; State; Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	1,000	Common	No 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	Date
PHYLLIS FARLEY	1/18/20

Signature of Authorized Representative: Phyllis Farley

FILED

SIGN DOCUMENT DATE: JAN 23 2020 KM

BY 1104

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

FORM 630 - Revised: 10/2017