



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.

FILED

FEB 03 2020

BY 704108

1. Entity ID Number 000062307		2. Exact name of the Corporation OLYMPIAN PROPERTIES INC			
3. Principal Office Address 178 VALLEY STREET			City CENTRAL FALLS	State RI	Zip 02863
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island APARTMENT RENTALS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOE SOUSA			Vice-President Name N/A		
Street Address 178 VALLEY STREET			Street Address N/A		
City CENTRAL FALLS	State RI	Zip 02863	City N/A	State N/A	Zip N/A
Secretary Name MARIA RODRIGUEZ			Treasurer Name N/A		
Street Address 178 VALLEY STREET			Street Address N/A		
City CENTRAL FALLS	State RI	Zip 02863	City N/A	State N/A	Zip N/A
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
Director Name N/A			Director Name N/A		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		N/A		N/A	N/A
		N/A		N/A	N/A
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 MARIA RODRIGUEZ				Date 1/28/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	