



Department of State - Business Services Division

**FILED**

MAR 02 2020

6726

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 <b>000140090</b>		2. Exact name of the Corporation <b>OLNEYVILLE NEW YORK SYSTEM SPECIALTIES, 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>311999</b>		6. Brief description of the character of business conducted in Rhode Island <b>WHOLESALE &amp; RETAIL BUSINESS OF SELLING AND DISTRIBUTING FOOD AND DRY GOODS</b>					
5. State of Incorporation <b>RHODE ISLAND</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>STEPHANIE TURINI</b>			Vice-President 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>		
Secretary Name <b>GREGORY STEVENS</b>			Treasurer 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>		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name			Director Name				
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;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>							
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			<b>200 SHARES</b>		<b>COMMON</b>	<b>NO PAR VALUE</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. <b>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.</b>							
Name of Authorized Representative <b>STEPHANIE TURINI</b>					Date <b>2/27/20</b>		
Signature of Authorized Representative <i>Stephanie Turini</i>							