



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 140090 2. Name of Corporation OLNEYVILLE NEW YORK SYSTEM SPECIALITIES, INC.
3. Street Address Principal Business Office 20 Plainfield Street City Providence State RI Zip 02909
4. Business Phone No. 4016219500 5. State of Incorporation RHODE ISLAND 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE WHOLESALE AND RETAIL BUSINESS OF SELLING AND DISTRIBUTING FOOD AND DRY GOODS

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Stephanie Turini Street Address 12 Ridge View Court City Smithfield State RI Zip 02917	Vice President Name Gregory P. Stevens Street Address 2 Regency Plaza Apt 801 City Providence State RI Zip 02903
Secretary Name Gregory P. Stevens Street Address 2 Regency Plaza Apt 801 City Providence State RI Zip 02903	Treasurer Name Stephanie Turini Street Address 12 Ridge View Court City Smithfield State RI Zip 02917

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name None Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
8,000 COMM NO PAR VALUE			

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
200		Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED
File Date MAR 11 2005
Check No.
By: BY [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 3/14/05
Signature of Officer Date
Stephanie Turini
Print or Type Name of Officer
President
Title of Officer
Form 630 12/01