



Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2023

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1. Entity ID Number 000140090		2. Exact name of the Corporation Olneyville New York System Specialties, Inc.	
3. Principal Office Address 20 Plainfield Street		City Providence	State RI
		Zip 02909	
4. NAICS Code 311999	6. Brief description of the character of business conducted in Rhode Island Wholesale & Retail Business of selling and distributing food and dry goods		
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 Stephanie Turini		Vice-President Name Gregory Stevens	
Street Address 136 Greening Lane		Street Address 4 Apple Blossom Drive	
City Cranston	State RI	City Johnston	State RI
	Zip 02920		Zip 02919
Secretary Name Gregory Stevens		Treasurer Name Stephanie Turini	
Street Address 4 Apple Blossom Drive		Street Address 136 Greening Lane	
City Johnston	State RI	City Cranston	State RI
	Zip 02919		Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 200 Shares	CLASS/SERIES Common
		PAR VALUE No Par Value	
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 Stephanie Turini		Date 2/7/23	
Signature of Authorized Representative <i>Stephanie Turini</i>			