



**State of Rhode Island
Department of State - Business Services Division**

FIELD

FEB 11 2025

BY 19377

REC'D RIDGGS 04
25 FEB 7 AM 11:38

Annual Report for the year: **2025**

Corporation _____

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

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	Zip 02920	City Johnston	State RI	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	Zip 02919	City Johnston	State RI	Zip 02919
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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		CLASS/SERIES
			200 Shares		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 2/3/25	
Signature of Authorized Representative <i>Stephanie Turini</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov