

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. * In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penutty jee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation			,		
92521	Galkin Private Foundation					
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip	
RHODE ISLAND	110 ELSIE STRE	<u> </u>		CRANSTON	02910	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character of		*	nd			
EXCLUSIVELY FOR CHAR	ITABLE PURPOSES	5				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTACHE	MENT) FILL IN SPACES BE	FORE USING ATTACH	MENTS	
President Name			Vice President Name			
ROBERT T. GALKIN			WARREN B. GALKIN			
Street Address			Street Address			
110 ELSIE STREET	10 ELSIE STREET		30 SAGE DRIVE			
City	State	Zip	City	State	Zip	
CRANSTON	RI	02910	WARWICK	RI	02886	
Secretary Name			Treasurer Name			
KEVIN I. ROSENBAUM			WARREN B. GALKIN			
Street Address	ALIM 20 EVOLIAN	OF TERRACE	Street Address			
C/O POORE & ROSENBAUM, 30 EXCHANGE TERRACE			30 SAGE DRIVE			
City	State	Zip	City	State	Zip OOOOC	
PROVIDENCE	RI	02903	WARWICK <i>hment</i>)∏ fill in spaces b	RI	02886	
Director Name	JRS OF A DOMESTIC	. (KHODE ISLAND) U	CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name			
ROBERT T. GALKIN Street Address			WARREN B. GALKIN Street Address			
110 ELSIE STREET			30 SAGE DRIVE			
City	State	Zip	City	State	Zip	
CRANSTON	RI	02910	WARWICK	RI	02866	
Director Name		1	Director Name		₹ , 4 f	
KEVIN I. ROSENBAUM					1 2 7	
Street Address			Street Address City State Zip U			
C/O POORE & ROSENBAUM, 30 EXCHANGE TERRACE						
City	State	Ζip	City	State	Zip U	
PROVIDENCE	RI	02903	I		ြယ္ ေ	
9. REGISTERED AGENT IN	RHODE ISLAND				- ·	
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must	t be signed by either t	he President, Vice Pres	ident, Secretary, Assistant Secretary	retary, Treasurer, Receiv	er or Trustee	

File Date	FILED					
Check No	JUN 0 1 2009 47					
Ву:	By 1908 1					

92521

Under penalty of perjury, I declare and affir report, including any accompanying schedule	
statements contained herein are true and corre	
Maker Faller	 5/26/09
Signature of Officer	Date
ROBERT T. GALKIN	
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	