

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

* In accordance with R.I.G.L. 7-1.2-150\(\(\varepsilon\)\(\text{e}\), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.	
1. Corporate IP 19/45 2. Name of Corporation Galleria + Apra Ltd	
3. Street Address Principal Business Office 1015 Library and One	City Chresty State R1 24 28/6
4. Business Phone No. 5. State of Incorporation	
6. Brief Description of the Character of Business Conducted in Rhode Island	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC	Vice President Name
Street Johns	C RICHARD PODE
Street Address WISFERIA DR	98 Wisteria DR
City COVENTRY State R1 Zip U8/6	COVENTRY State R1 Zip 12816
secrety Nampichand Pore	Treasurer Name HISON POPE
Street Address Sce DOVE	Street Address 5 Ce above
City State Zip	City State Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT	· —
Alison Pope	C Richard Pope
98 Wiskedia DR	Street Address 98 Wisteria Dr
City Coventary State R1 Zip D816	COVENTRY State R1 Tip 28/6
Director Name Kristen Pope	Director Name
Street Address WISKNIA DR	Street Address
Corloventay State R1 24 02816	City State Zip
9. SHARES AUTHORIZED 100 NO PAR VAKUE	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED
This information is currently of record in the Office of the Secretary of	Number of Shares Class/Series Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.	0
This report must be executed on behalf of the corporation by an authorize this report must be executed on behalf of the corporation by the receiver of	ed representative. If the corporation is in the hands of a receiver or trustee, or trustee.
	Under penalty of pesiury, I doctare and affirm that I have examined this report,
	including and accompanying schedules and statements, and that all statements contained berein are true and correct.
File Date FILED	Signature Date
Check No. AUG 1 3 2009	CRichard Pope
By: By 4036	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Title