

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 2012

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(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.

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1. Corporate ID No. 65139	1	2. Name of Corporation Ga'lan Realty, Inc.				
3. Street Address Principal Business Office 1769 Elmwood Avenue			City Warwick	State RI	Ζίρ 02888	
4. Business Phone No. 5. State of Incorporation Rhode Island			<u>. </u>	 	102000	
6. Brief Description of the Character of Real estate investment	of Business Conducted in R	bode Island		-		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) - FILL IN	SDACES DEFODE HEIMO	A TOPE A CORTAN TO ROOM	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name			: Vice President Name			
Gary I. Harlam			NONE			
Street Address 1769 Elmwood Avenue			Street Address			
^{City} Warwick	State RI	^{Zip} 02888	City	State	Zip	
Secretary Name Alan D. Harlam			Treasurer Name Alan D. Harlma			
Street Address 1769 Elmwood Avenue			Street Address 1769 Elmwood Avenue			
City Warwick	State RI	^{Zip} 02888	City Warwick	State RI	^{Zip} 02888	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) [FILL II	N SPACES BEFORE USING	3 ATTACHMENTS	
Alan D. Harlam			Director Name Gary I. Harlam			
Street Address			Street Address			
1769 Elmwood Avenue			1769 Elmwood Avenue			
Gity Warwick	State	2ip	City	State	Zip	
VVafWiCK Director Name	RI	02888	Warwick	RI	[02888	
NONE			NONE			
Street Address			Street Address			
City	State	Zip	СЦ	State	Zip	
9. SHARES AUTHORIZED			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 State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			200	COMMON	No Par Value	
This report must be executed this report must be executed or	on behalf of the corp.	oration by an authorize	d representative. If the coor trustee.	corporation is in the hands	of a receiver or trustee,	
i_ ¥	# # .					
	LEL		Under penalty of r	perjury, I declare and affirm the	nat I have examined this repo	
	· · · · · · · · · · · · · · · · · · ·	1	including any acco	ompanying schedules and stat		
JAN 2	7 201		contained herein a	are true and correct.	Mail.	
File Date			¥ /	_ (V)	1412	
Check No.	5 2		Signature	V	Date	
Oreck Ho.	~		Gary I. Harla			
Ву:			Print or Type Name			
FOR SECRETARY OF STA	TE USE ONLY		PRESIDEN	<u>T</u>		
TON SECRETARY OF STA	DOE ORLI		Title		Form 630 Pay (19/09	
					HOTELS & (I) Day 110/110	