

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 2013

401.222.304

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(cord)) is thirty to a small for a feet 500.000

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1. Corporate ID No. 164100	2. Name of Corporation Galileo Associates, Ltd.				
3. Street Address Principal Business Office 274 Kaufman Road			City Somerset	State MA	^{Zip} 02726
4. Business Phone No. 5. State of Incorporation 774-644-2490 Massachusetts					02726
6. Brief Description of the Character of marketing/management cor	of Business Conducted in Rusulting	Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name David S. Cucinotta			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name		
Street Address 274 Kaufman Road			Street Address		
City Somerset	State MA	Zip 02726	City	State	Zip
Secretary Name David S. Cucinotta			Treasurer Name David S. Cucinotta		
Street Address 274 Kaufman Road			Street Address 274 Kaufman Road		
Somerset	State MA	^{Zip} 02726	City Somerset	State MA	<i>Zip</i> 02726
8. NAMES AND ADDRESSES Director Name David S. Cucinotta	OF THE DIRECTORS	S: ("X" BOX FOR AT')	ACHMENT) FILL 1 Director Name	IN SPACES BEFORE USIN	G ATTACHMENTS
Street Address 274 Kaufman Road			Street Address		
City Somerset Director Name	State MA	<i>zip</i> 02726	City	State	Zip
			Director Name		***************************************
Street Address			Street Address		
City	State	Zip	City	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
			100	common	no par value
This report must be executed of this report must be executed of	on behalf of the corpo	ration by the receiver of	or trustee. Under penalty of	Deriury. I decla rcadi affirm (s of a receiver or trustee, that I have examined this repor
File Date		FILED	contained herein	ompanying schildings and state true amplications. With Municipality	2/1/2013
Check No.		FEB 0 6 2013	Signature David S. Cu		Date
Ву:	BY	185	David S. Cu Print or Type Nam President		
FOR SECRETARY OF STATE USE ONLY			Title		_
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