



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 1061487		2. Exact name of the Corporation Gall Construction of America, Limited			
3. Principal Office Address 1550 Victoria Street North		City Kitchener		State Ontario	Zip N2B 3E2
4. Business Phone Number 519-743-6357		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Construction of Aquatic Facilities					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bernhard Gall			Vice-President Name David Gall		
Street Address 15 Old Cottage Court			Street Address 11330 Bridge House Road		
City Kitchener	State ON	Zip N2K 4K2	City Windemere	State FL	Zip 34786
Secretary Name Francine Gall			Treasurer Name		
Street Address 269 Tremaine Crescent			Street Address		
City Kitchener	State ON	Zip N2A 4L8	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bernhard Gall			Director Name		
Street Address 15 Old Cottage Court			Street Address		
City Kitchener	State ON	Zip N2K 4K2	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	PAR VALUE
		100	Common		
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 Francine Gall				Date July 29, 2016	
Signature of Authorized Representative  SAID DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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FORM 630 - Revised: 05/2016