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	2. Exact name of the Corporation		
101677	James L. Gallagher, Inc		
3. Principal Office Address: 408 W Main Rd	City: Little Compton	State: RI	Zip: 02837
4. NAICS Code: 31	6. Brief description of the character of business conducted in Rhode Island: Design and fabricate Machinery		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
James L Gallagher	Margaret Gallagher
Street Address: 408 W Main Rd	Street Address: 408 W Main Rd
City: Little Compton State: RI Zip: 02837	City: Little Compton State: RI Zip: 02837
Secretary Name: James L Gallagher	Treasurer Name:
Street Address: 408 W Main Rd	Street Address:
City: Little Compton State: RI Zip: 02837	City: State: Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City: State: Zip:	City: State: Zip:
Director Name	Director Name
Street Address	Street Address
City: State: Zip:	City: State: Zip:

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9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	0		

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: James Gallagher — Date: 12/15/16

Signature of Authorized Representative: James Gallagher SIGN DOCUMENT HERE

FILED DEC 22 2016 11:04

BY u 291475

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

FORM 630 - Revised: 10/2016