



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

Annual Report for the year: **2017**

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 8818		2. Exact name of the Corporation Galaxy Fasteners, Inc.			
3. Principal Office Address 101 Telmore Road			City East Greenwich	State RI	Zip 02818
4. NAICS Code 42 - Wholesale Trade		6. Brief description of the character of business conducted in Rhode Island Distribution of fasteners, nuts, bolts and screws			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Mark Streich			Vice-President Name Alan Katz		
Street Address c/o 101 Telmore Road			Street Address 52 Westwind Drive		
City East Greenwich	State RI	Zip 02818	City Jamestown	State RI	Zip 02835
Secretary Name Mark Streich			Treasurer Name Alan Katz		
Street Address c/o 101 Telmore Road			Street Address 52 Westwind Drive		
City East Greenwich	State RI	Zip 02818	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark Streich			Director Name Alan Katz		
Street Address 101 Telmore Road			Street Address 52 Westwind Drive		
City East Greenwich	State RI	Zip 02818	City Jamestown	State RI	Zip 02835
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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
			200		Common
					PAR VALUE
					No Par
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 Alan Katz				Date 1/11/17	
Signature of Authorized Representative 					

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

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JAN 17 2017

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