



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 <b>8818</b>		2. Exact name of the Corporation <b>Galaxy Fasteners, Inc.</b>			
3. Principal Office Address <b>101 Telmore Road</b>		City <b>East Greenwich</b>		State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>42 - Wholesale Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>Distribution of fasteners, nuts, bolts and screws</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name <b>Mark Streich</b>			Vice-President Name <b>Alan Katz</b>		
Street Address <b>c/o 101 Telmore Road</b>			Street Address <b>52 Westwind Drive</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Secretary Name <b>Mark Streich</b>			Treasurer Name <b>Alan Katz</b>		
Street Address <b>c/o 101 Telmore Road</b>			Street Address <b>52 Westwind Drive</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Mark Streich</b>			Director Name <b>Alan Katz</b>		
Street Address <b>101 Telmore Road</b>			Street Address <b>52 Westwind Drive</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>200</b>		<b>Common</b>		<b>No Par</b>	
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 <b>Alan Katz</b>				Date <b>1/11/17</b>	
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

**FILED****JAN 17 2017**

BY

**10814**

FORM 630 - Revised: 10/2016