RI SOS Filing Number: 201734960990 Date: 2/27/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations  Department of State - Business Services Division						<b>7</b> 60:	
Department o	f State - Busi	ness Services	Division			E D A	
<b>Annual Report for th</b>	e year: 2017	•				SV.	
Corporation		<u></u>				SS SS SE S	
→ Filing period: January → Filing Fee: \$50.00	1 - March 1						
→ Penalty: Additional \$25	5.00 fee if form is I	not filed by April 1.				YATE	
1. Entity ID Number	2. Exact na	2. Exact name of the Corporation					
158776	G.A.P.L.W.	G.A.P.L.W. REALTY, INC					
3. Principal Office Address		<del>-</del>	City	<del></del>	State	Zip	
129 E 29th Street			New York		NY	10016	
4. NAICS Code 6. Brief description of the charac			cter of business	conducted in R	hode Island		
44-4>	7-ELEVEN	STORE/GAS STA	TION				
5. State of Incorporation							
7. List ALL officers (names ar							
President Name GILBERT AND	Vice-Preside	Check the box to indicate an attachment  Vice-President Name LYNNE R. BARASCH					
Street Address							
Street Address 129 E. 29th Street			Street Address 129 E. 29th Street  City New York  State NY  Zip 10016				
<sup>City</sup> New York	State	<sup>Zip</sup> 10016	City New Yo	City New York		<sup>Zip</sup> 10016	
Secretary Name			Treasurer Na	ame			
Street Address	Street Address						
City	State	Zip	City		Icara	77:	
		2.10	City		State	Zip	
8. List ALL directors (names a Director Name	ind addresses)		Director Nam	(	Check the box to indic	cate an attachment	
-	Director Hair	Bridge Name					
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Director Name		<u> </u>	Director Nam	<u> </u>		<u>_</u> _ <u>_</u>	
	Director Ivain						
Street Address	Street Addres	Street Address					
City	State	Zip	City	<u> </u>	State	Zip	
9. Shares Authorized		10. Shares Iss	sued		Check the box to indic	ate an attachment	
This information is currently of Department of State.	record in the	NUMBER O	F SHARES		S/SERIES	PAR VALUE	
Changes require an additional filing.		200	200		~	NPV	
<ol> <li>This report must be execut trustee, this report must be exe</li> </ol>	ed on behalf of the	corporation by an	authorized repre	sentative. If the	corporation is in the	nands of a receiver or	
Under penalty of perjury, i de	eclare and affirm (	hat i have examin	ed this report.	including any a	accompanying sche	dules and	
Statements, and that all state	ements contained	herein are true an	d correct.		Date		
allet	5	02/23/2					
Signature of Authorized Representative			<b>⊢1</b>	LED			
Gilbert A	_		H RI	les lies livé			
IAIL TO:			EED (	27 2017			

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

By \$C 296823