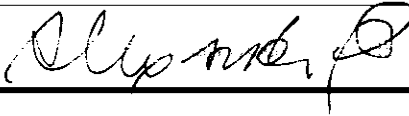




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 113941		2. Exact name of the Corporation Galvanique, Inc.			
3. Principal Office Address 1340 Hartford Avenue		City Johnston		State RI	Zip 02919
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island Metal Finishing Product Development			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alexandr Belykh			Vice-President Name Alexandr Belykh		
Street Address 14 Mason Avenue			Street Address 14 Mason Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Alexandr Belykh			Treasurer Name Alexandr Belykh		
Street Address 14 Mason Avenue			Street Address 14 Mason Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100	Common	No Par Value	
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 Alexandr Belykh, President					Date 02/28/17
Signature of Authorized Representative 					FILED