



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.

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BUS SVCS DIV

2017 APR 19 PM 1:35

1. Entity ID Number 000092840		2. Exact name of the Corporation Hammond Housecraft, Inc.			
3. Principal Office Address Rhode Island 2 Williams St		City Providence		State RI	Zip 02903
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island To own and manage real estate and structures			
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 Gary L. Galkin			Vice-President Name N/A		
Street Address 24 Hammond Hill			Street Address		
City Saunderstown	State RI	Zip 02874	City	State	Zip
Secretary Name Christine M. Galkin			Treasurer Name Gary L. Galkin		
Street Address 24 Hammond Hill			Street Address 24 Hammond Hill		
City Saunderstown	State RI	Zip 02871	City Saunderstown	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		100	Common	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 GARY L. GALKIN				Date 4-9-17	
Signature of Authorized Representative <i>[Signature]</i>					

FILED

APR 19 2017

BY CA 301285

4-17-17