



Department of State - Business Services Division

Annual Report for the year: **2018**

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<br><b>000009754</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | 2. Exact name of the Corporation<br><b>GARLAND INDUSTRIES, INC</b>                                                        |                                                                                                                       |                               |                            |
| 3. Principal Office Address<br><b>2213 BAYPOINT WAY</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                    | City<br><b>THE VILLAGES</b>                                                                                               |                                                                                                                       | State<br><b>FL</b>            | Zip<br><b>32162</b>        |
| 4. NAICS Code<br><b>31-33 MANUFACTURING</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>MANUFACTURER OF WRITING INSTRUMENTS</b> |                                                                                                                       |                               |                            |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | <b>399999</b>                                                                                                             |                                                                                                                       |                               |                            |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                           |                                                                                                                       |                               |                            |
| President Name<br><b>LOUISE LANOIE</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                           | Vice-President Name<br><b>LOUISE LANOIE</b>                                                                           |                               |                            |
| Street Address<br><b>2213 BAYPOINT WAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                           | Street Address<br><b>2213 BAYPOINT WAY</b>                                                                            |                               |                            |
| City<br><b>THE VILLAGES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | State<br><b>FL</b> | Zip<br><b>32162</b>                                                                                                       | City<br><b>THE VILLAGES</b>                                                                                           | State<br><b>FL</b>            | Zip<br><b>32162</b>        |
| Secretary Name<br><b>LOUISE LANOIE</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                                           | Treasurer Name<br><b>LOUISE LANOIE</b>                                                                                |                               |                            |
| Street Address<br><b>2213 BAYPOINT WAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                           | Street Address<br><b>2213 BAYPOINT WAY</b>                                                                            |                               |                            |
| City<br><b>THE VILLAGES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | State<br><b>FL</b> | Zip<br><b>32162</b>                                                                                                       | City<br><b>THE VILLAGES</b>                                                                                           | State<br><b>FL</b>            | Zip<br><b>32162</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<br><b>LOUISE LANOIE</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |                                                                                                                           | Director Name                                                                                                         |                               |                            |
| Street Address<br><b>2213 BAYPOINT WAY</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                                           | Street Address                                                                                                        |                               |                            |
| City<br><b>THE VILLAGES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | State<br><b>FL</b> | Zip<br><b>32162</b>                                                                                                       | City                                                                                                                  | State                         | Zip                        |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                                                                           | Director Name                                                                                                         |                               |                            |
| 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.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                    |                                                                                                                           | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                               |                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                                           | NUMBER OF SHARES<br><b>79</b>                                                                                         | CLASS/SERIES<br><b>COMMON</b> | PAR VALUE<br><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.<br><b>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.</b> |                    |                                                                                                                           |                                                                                                                       |                               |                            |
| Name of Authorized Representative<br><b>Louise Lanoie</b>                                                                                                                                                                                                                                                                                                                                                                                                        |                    |                                                                                                                           |                                                                                                                       |                               | Date<br><b>2/19/18</b>     |
| Signature of Authorized Representative<br><b>Louise Lanoie</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                                           |                                                                                                                       |                               |                            |

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