



State of Rhode Island and Providence Plantations
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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION

2018 FEB 28 AM 8:49
 FOR SECRETARY OF STATE
 ST. GILLY

1. Entity ID Number 1931		2. Exact name of the Corporation Barayco Land Inc.												
3. Principal Office Address 15 Orchard Street			City North Providence	State RI	Zip 02911									
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island Real Estate Rentals												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Kenneth J. Gallison			Vice-President Name Raymond Gallison, Sr.											
Street Address 42 Holman Street			Street Address 15 Orchard Street											
City Portsmouth	State RI	Zip 02871	City North Providence	State RI	Zip 02911									
Secretary Name Paula Cuculo			Treasurer Name Deborah Smith											
Street Address 65 Greenville Avenue			Street Address 52 Wilbur Road											
City North Providence	State RI	Zip 02911	City Lincoln	State RI	Zip 02865									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name			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			10. Shares Issued Check the box to indicate an attachment ☐											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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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 Raymond Gallison, Sr.					Date 8:49 AM									
Signature of Authorized Representative <i>Raymond Gallison Sr.</i>					SIGN DOCUMENT HERE FILED									

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

FEB 28 2018

BY 325420

FORM 630 - Revised: 10/2017