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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 28 AM 8:49

STAMP FOR SECRETARY OF STATE USE ONLY

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	2. Exact name of the Corporation
1931	Barayco Land Inc.

3. Principal Office Address	City	State	Zip
15 Orchard Street	North Providence	RI	02911

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531120	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	Street Address	City	State	Zip
Kenneth J. Gallison	42 Holman Street	Portsmouth	RI	02871

Vice-President Name	Street Address	City	State	Zip
Raymond Gallison, Sr.	15 Orchard Street	North Providence	RI	02911

Secretary Name	Street Address	City	State	Zip
Paula Cuculo	65 Greenville Avenue	North Providence	RI	02911

Treasurer Name	Street Address	City	State	Zip
Deborah Smith	52 Wilbur Road	Lincoln	RI	02865

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

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 ☐

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	Date
Raymond Gallison, Sr. 8:49 AM	

Signature of Authorized Representative: Raymond Gallison Sr.

SIGN DOCUMENT HERE

FILED
FEB 28 2018
BY 325420

KM

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

FORM 630 - Revised: 10/2017