



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 DIV

2018 MAR 15 PM 12:26

1. Entry ID Number <b>000092840</b>		2. Exact name of the Corporation <b>Hammond Housecraft, Inc.</b>			
3. Principal Office Address <b>2 Williams Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>236115</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own and manage real estate and structures</b>			
5. State of Incorporation <b>Rhode Island</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 <b>Gary L. Galkin</b>			Vice-President Name <b>N/A</b>		
Street Address <b>24 Hammond Hill</b>			Street Address		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</b>	City	State	Zip
Secretary Name <b>Christine M. Galkin</b>			Treasurer Name <b>Gray L. Galkin</b>		
Street Address <b>24 Hammond Hill</b>			Street Address <b>24 Hammond Hill</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874</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 <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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. <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 <b>Gary L. Galkin</b>					Date <b>2/7/2018</b>
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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

FILED  
MAR 15 2018  
BY **326613**

FORM 630 - Revised: 10/2017