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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

- → Filing period: January 1 March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$2 Entity ID Number 		· ·	on					
18818		2. Exact name of the Corporation Galaxy Fasteners, Inc.						
3. Principal Office Address	- Journal of the state of the s		City		State			
101 Telmore Road				ast Greenwich		RI 02818		
4. NAICS Code	ON De Brief desc	riotion of the chara		onducted in Rhode	Island			
42 - wholesale trade	יוו אב	of fasteners, nuts, I						
5. State of Incorporation								
RI								
7. List ALL officers (names a	and addresses)			Check	the box to i	ndicate an at	tachment 🗆	
President Name Mark Streich			Vice-President Name Alan Katz					
Street Address			Street Address					
c/o 101 Telmo			ocerridores.	c/o 101 Telmore Ro	oad			
City East Greenwich	State RI	^{Zip} 02818	City East Gre		State RI	Zip	02818	
Secretary Name Mark Streich		Treasurer Nan	Treasurer Name Alan Katz					
Street Address c/o 101 Telmo		Street Address c/o 101 Telmore Road						
		17:a			Slate RI			
City East Greenwich	State RI	^{Zip} 02818	East Gre	City East Greenwich		210(02818	
8. List ALL directors (names	and addresses).				k the box to i	ndicate an at	tachment 🗔	
Director Name Mark Streich			C. Director Name	Alan Katz				
Street Address c/o 101 Telmo			Street Address		oad	·		
	Istata	Izio	City		State	Izio		
City East Greenwich	State RI	^{Zip} 02818	East Gre	City East Greenwich		Zip	02818	
Director Name NONE			Director Name NONE					
Street Address			Street Address	3				
City	State	Zip	City		State	Zip		
	5.5.0	[2.7],					
9. Shares Authorized 10			10. Shares Issued Check the NUMBER OF SMARES CLASS/SERIES			e box to indicate an attachment PAR VALUE		
This information is currently of record in the Department of State.		200		Common	23	No Par		
Changes require an additiona	Changes require an additional filing.					110 7 0		
•	-							
 This report must be executivistee, this report must be 					oration is in	the hands of	a receiver or	
Under penalty of perjury, I	declare and affirm	that I have examin	ned this report, i		mpanying s	chedules an	d	
statements, and that all st Name of Authorized Repres		Merelli are true al	na correct.		Date			
Alan Katz	ll /		7	FI	LEO 2	19/20	19	
Signature of Authorized Rep	presentative				0			
4		SIGN DO	OCUMENTHERE	JEB :	2 1 2019			
MAIL TO:				BV	1979	()		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov