



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>144315</b>		2. Exact name of the Corporation <b>GALAPI REALTY, INC.</b>			
3. Principal office address <b>14 REDWOOD DRIVE</b>			City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
4. Business Phone No.			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>OPERATION OF A GASOLINE SERVICE AND AUTOMOTIVE REPAIR STATION</b> (531110)					
<b>OFFICERS, DIRECTORS AND SHAREHOLDERS</b> <input type="checkbox"/>					
President Name <b>ALEXI NAJJAR</b>			Vice-President Name		
Street Address <b>14 REDWOOD DRIVE</b>			Street Address		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
Secretary Name <b>ALEXI NAJJAR</b>			Treasurer Name <b>ALEXI NAJJAR</b>		
Street Address <b>14 REDWOOD DRIVE</b>			Street Address <b>14 REDWOOD DRIVE</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
<b>ALL DIRECTORS' NAMES AND ADDRESSES AS ABOVE OR ATTACHED</b> <input type="checkbox"/>					
Director Name <b>ALEXI NAJJAR</b>			Director Name		
Street Address <b>14 REDWOOD DRIVE</b>			Street Address		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES AUTHORIZED</b> <input type="checkbox"/> <b>SHARES ISSUED</b> <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		300	COMMON	NONE	

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.



**FILED**  
 MAR 18 2019  
 6573

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.

Signature of Authorized Representative: Alexi Najjar Date: 3-11-19  
 Print or Type Name of Authorized Representative: **ALEXI NAJJAR**