



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. 144315		2. Exact name of the Corporation GALAPI REALTY, INC.			
3. Principal office address 14 REDWOOD DRIVE			City COVENTRY	State RI	Zip 02816
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island OPERATION OF A GASOLINE SERVICE AND AUTOMOTIVE REPAIR STATION (531110)					
OFFICERS, DIRECTORS AND SHAREHOLDERS <input type="checkbox"/>					
President Name ALEXI NAJJAR			Vice-President Name		
Street Address 14 REDWOOD DRIVE			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name ALEXI NAJJAR			Treasurer Name ALEXI NAJJAR		
Street Address 14 REDWOOD DRIVE			Street Address 14 REDWOOD DRIVE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
ALL DIRECTORS' NAMES AND ADDRESSES AS ABOVE OR ATTACHED <input type="checkbox"/>					
Director Name ALEXI NAJJAR			Director Name		
Street Address 14 REDWOOD DRIVE			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED <input type="checkbox"/> SHARES ISSUED <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**