



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 65139		2. Name of Corporation Ga'lan Realty, Inc.			
3. Street Address Principal Business Office 909 North Main Street		City Providence		State RI	Zip 02904
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE INVESTMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gary I. Harlam			Vice President Name None		
Street Address 909 North Main Street			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Alan D. Harlam			Treasurer Name Alan D. Harlam		
Street Address 909 North Main Street			Street Address 909 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Alan D. Harlam			Director Name Gary I. Harlam		
Street Address 909 North Main Street			Street Address 909 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
1,000 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
200		Common	No Par Value		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*65139\*

File Date 2-7-05  
Check No. 1201  
By: MB

FOR SECRETARY OF STATE USE ONLY

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 Officer

Gary I. Harlam, President

Print or Type Name of Officer

Title of Officer



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 65139		2. Name of Corporation Ga'lan Realty, Inc.			
3. Street Address Principal Business Office 909 NORTH MAIN STREET		City PROVIDENCE	State RI	Zip 02904	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE INVESTMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name GARY I. HARLAM			Vice President Name ALAN D. HARLAM		
Street Address 909 NORTH MAIN STREET			Street Address 909 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Secretary Name ALAN D. HARLAM			Treasurer Name ALAN D. HARLAM		
Street Address 909 NORTH MAIN STREET			Street Address 909 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ALAN D. HARLAM			Director Name GARY I. HARLAM		
Street Address 909 NORTH MAIN STREET			Street Address 909 NORTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			200	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 5 1 3 9 \*

File Date 1-16-04  
Check No. 1136  
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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 Officer

GARY I. HARLAM

Print or Type Name of Officer

PRESIDENT

Title of Officer

2/14/04  
[Signature]  
Date



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **65139** 2. Name of Corporation **Ga'lan Realty, Inc.**  
3. Street Address Principal Business Office **909 North Main Street** City **Providence** State **RI** Zip **02904**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Real estate investment**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Gary I. Harlam</b>	Vice President Name <b>None</b>
Street Address <b>909 North Main Street</b>	Street Address
City <b>Providence</b> State <b>RI</b> Zip <b>02904</b>	City State Zip
Secretary Name <b>Alan D. Harlam</b>	Treasurer Name <b>Alan D. Harlam</b>
Street Address <b>909 North Main Street</b>	Street Address <b>909 North Main Street</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02904</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02904</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Alan D. Harlam</b>	Director Name <b>Gary I. Harlam</b>
Street Address <b>909 North Main Street</b>	Street Address <b>909 North Main Street</b>
City <b>Providence</b> State <b>RI</b> Zip <b>02904</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02904</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

**AUTHORIZED SHARES**

Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 5 1 3 9 \*

File Date: 2/10/03

Check No.: 1089

By: SN

FOR SECRETARY OF STATE USE ONLY

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 Officer [Signature] Date 2/7/03

**Gary I. Harlam, President**

Print or Type Name of Officer

Title of Officer

5

Form 630 12/02



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **65139** 2. Name of Corporation **Ga'lan Realty, Inc.**  
3. Street Address Principal Business Office **909 North Main Street** City **Providence** State **RI** Zip **02904**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Real estate investment**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Gary I. Harlam</b> Street Address <b>909 North Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02904</b> Secretary Name <b>Alan D. Harlam</b> Street Address <b>909 North Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02904</b>	Vice President Name <b>None</b> Street Address  City State Zip Treasurer Name <b>Alan D. Harlam</b> Street Address <b>909 North Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02904</b>
--	--

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Alan D. Harlam</b> Street Address <b>909 North Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02904</b> Director Name <b>None</b> Street Address  City State Zip	Director Name <b>Gary I. Harlam</b> Street Address <b>909 North Main Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02904</b> Director Name <b>None</b> Street Address  City State Zip
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10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 Common No Par Value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 5 1 3 9 \*

File Date: 1-24-02

Check No.: 208

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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 Officer

**Gary I. Harlam, President**

Print or Type Name of Officer

Title of Officer

5

Date

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>65139</b>		2. Name of Corporation <b>Ga'lan Realty, Inc.</b>	
3. Street Address Principal Business Office <b>909 NORTH MAIN STREET</b>		City <b>Providence</b>	State <b>RI</b>
4. Business Phone No.		Zip <b>02904</b>	
5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5538</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real estate investment</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Gary I. Harlam</b>		Vice President Name <b>None</b>	
Street Address <b>909 NORTH MAIN STREET</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02904</b>		Zip	
Secretary Name <b>Alan D. Harlam</b>		Treasurer Name <b>Alan D. Harlam</b>	
Street Address <b>909 NORTH MAIN STREET</b>		Street Address <b>909 NORTH MAIN STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Alan D. Harlam</b>		Director Name <b>Gary I. Harlam</b>	
Street Address <b>909 NORTH MAIN STREET</b>		Street Address <b>909 NORTH MAIN STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1000 SHS NO PAR VALUE</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>200</b>	<b>Common</b>	<b>No Par Value</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 5 1 3 9 \*

File Date: 2/8

Check No.: 130

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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 Officer

**Gary I. Harlam, President**

Print or Type Name of Officer

Date

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>65139</b>		2. Name of Corporation <b>Ga'lan Realty, Inc.</b>		
3. Street Address Principal Business Office <b>500 WOOD STREET, P.O. BOX 929</b>		City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
4. Business Phone No. <b>(401) 253-1500</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>5538</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>REAL ESTATE INVESTMENT</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>GARY I. HARLAM</b>		Vice President Name <b>NONE</b>		
Street Address <b>500 WOOD STREET, P.O. BOX 929</b>		Street Address		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City	State
Secretary Name <b>ALAN D. HARLAM</b>		Treasurer Name <b>ALAN D. HARLAM</b>		
Street Address <b>500 WOOD STREET, P.O. BOX 929</b>		Street Address <b>500 WOOD STREET, P.O. BOX 929</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>ALAN D. HARLAM</b>		Director Name <b>GARY I. HARLAM</b>		
Street Address <b>500 WOOD STREET, P.O. BOX 929</b>		Street Address <b>500 WOOD STREET, P.O. BOX 929</b>		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>	State <b>RI</b>
Director Name <b>NONE</b>		Director Name <b>NONE</b>		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>1000 SHS NO PAR VALUE</b>			<b>200</b>	<b>COMMON</b>
				<b>NO PAR VALUE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 5 1 3 9 \*

File Date: 2/17/00

Check No.: 324

By: 2

FOR SECRETARY OF STATE USE ONLY

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 Officer

**GARY I. HARLAM**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer

Date

2-13-2000



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1333  
401-222-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>85139</b>		2. Name of Corporation <b>Ga'lan Realty, Inc.</b>	
3. Street Address Principal Business Office <b>500 WOOD STREET, P.O. BOX 929</b>		City <b>BRISTOL</b>	State <b>RI</b>
4. Business Phone No. <b>401-253-1500</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>5538</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>REAL ESTATE INVESTMENT</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>GARY I. HARLAM</b>		Vice President Name <b>NONE</b>	
Street Address <b>500 WOOD STREET, P.O. BOX 929</b>		Street Address	
City <b>BRISTOL</b>	State <b>RI</b>	City	State
Zip <b>02809</b>		Zip	
Secretary Name <b>ALAN D. HARLAM</b>		Treasurer Name <b>ALAN D. HARLAM</b>	
Street Address <b>500 WOOD STREET, P.O. BOX 929</b>		Street Address <b>500 WOOD STREET, P.O. BOX 929</b>	
City <b>BRISTOL</b>	State <b>RI</b>	City <b>BRISTOL</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02809</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>ALAN D. HARLAM</b>		Director Name <b>GARY I. HARLAM</b>	
Street Address <b>500 WOOD STREET, P.O. BOX 929</b>		Street Address <b>500 WOOD STREET, P.O. BOX 929</b>	
City <b>BRISTOL</b>	State <b>RI</b>	City <b>BRISTOL</b>	State <b>RI</b>
Zip <b>02809</b>		Zip <b>02809</b>	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>1000 SHS NO PAR VALUE</b>		<b>200</b>	<b>COMMON</b>
Par Value		Par Value	
		<b>NO PAR VALUE</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 5 1 3 9 \*

File Date: **Feb 4, 99**

Check No.: **310**

By: **J.D.**

FOR SECRETARY OF STATE USE ONLY

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 Officer

**GARY I. HARLAM**

Print or Type Name of Officer

**PRESIDENT**

Title of Officer

Date

**2/3/99**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 65139 2. Name of Corporation Ga'lan Realty, Inc.  
3. Street Address Principal Business Office 500 WOOD STREET, P.O. BOX 929 City BRISTOL State R.I. Zip 02809-0929  
4. Business Phone No. (401) 253-1500 5. State of Incorporation RHODE ISLAND 6. SIC Code 5538  
7. Brief Description of the Character of Business Conducted in Rhode Island

**REAL ESTATE INVESTMENT**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name GARY I. HARLAM Vice President Name NONE  
Street Address Street Address  
500 WOOD STREET, P.O. BOX 929 City BRISTOL State R.I. Zip 02809-0929

Secretary Name ALAN D. HARLAM Treasurer Name ALAN D. HARLAM  
Street Address Street Address  
500 WOOD STREET, P.O. BOX 929 City BRISTOL State R.I. Zip 02809-0929

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name ALAN D. HARLAM Director Name GARY I. HARLAM  
Street Address Street Address  
500 WOOD STREET, P.O. BOX 929 City BRISTOL State R.I. Zip 02809-0929  
Director Name NONE Director Name NONE  
Street Address Street Address  
City State Zip City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1000 SHARES - COMMON - NO PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
200 COMMON NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 1/21/99  
Check No.: 300  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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 Officer

Date 1/21/99

GARY I. HARLAM

Print or Type Name of Officer

PRESIDENT

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>65139</b>		2. Name of Corporation <b>Ga'lan Realty, Inc.</b>			
3. Street Address Principal Business Office <b>500 WOOD STREET, P.O. BOX 929</b>		City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809-0929</b>	
4. Business Phone No. <b>(401) 253-1500</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. SIC Code <b>5538</b>					
7. Brief Description of the Character of Business Conducted in Rhode Island <b>REAL ESTATE INVESTMENT</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name <b>GARY I. HARLAM</b>		Vice President Name <b>NONE</b>			
Street Address <b>500 WOOD STREET, P.O. BOX 929</b>		Street Address			
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809-0929</b>			
Secretary Name <b>ALAN D. HARLAM</b>		Treasurer Name <b>ALAN D. HARLAM</b>			
Street Address <b>500 WOOD STREET, P.O. BOX 929</b>		Street Address <b>500 WOOD STREET, P.O. BOX 929</b>			
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809-0929</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809-0929</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name <b>ALAN D. HARLAM</b>		Director Name <b>GARY I. HARLAM</b>			
Street Address <b>500 WOOD STREET, P.O. BOX 929</b>		Street Address <b>500 WOOD STREET, P.O. BOX 929</b>			
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809-0929</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809-0929</b>
Director Name <b>NONE</b>		Director Name <b>NONE</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1000 SHS NO PAR VALUE</b>			<b>200</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 6 5 1 3 9 \*

File Date: 2/12/97  
Check No.: 1880

By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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 Officer: [Signature] Date: \_\_\_\_\_

Print or Type Name of Officer: **GARY I. HARLAM**

Title of Officer: **PRESIDENT**

# 1996



**Filing Period: January 1–March 1**  
**Filing Fee: \$50.00**

1. CORPORATE ID NO 65139		2. NAME OF CORPORATION Ga'lan Realty, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 500 WOOD STREET		CITY BRISTOL		STATE R.I.	ZIP CODE 02809
4. BUSINESS PHONE NO (401) 253-1500		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 5538
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND REAL ESTATE INVESTMENTS					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME GARY I. HARLAM			VICE PRESIDENT NAME NONE		
STREET ADDRESS 500 WOOD STREET			STREET ADDRESS NONE		
CITY BRISTOL	STATE R.I.	ZIP CODE 02809	CITY NONE	STATE NONE	ZIP CODE NONE
SECRETARY NAME ALAN D. HARLAM			TREASURER NAME ALAN D. HARLAM		
STREET ADDRESS 500 WOOD STREET			STREET ADDRESS 500 WOOD STREET		
CITY BRISTOL	STATE R.I.	ZIP CODE 02809	CITY BRISTOL	STATE R.I.	ZIP CODE 02809
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME ALAN D. HARLAM			DIRECTOR NAME GARY I. HARLAM		
STREET ADDRESS 500 WOOD STREET			STREET ADDRESS 500 WOOD STREET		
CITY BRISTOL	STATE R.I.	ZIP CODE 02809	CITY BRISTOL	STATE R.I.	ZIP CODE 02809
DIRECTOR NAME ALAN D. HARLAM			DIRECTOR NAME GARY I. HARLAM		
STREET ADDRESS 500 WOOD STREET			STREET ADDRESS 500 WOOD STREET		
CITY BRISTOL	STATE R.I.	ZIP CODE 02809	CITY BRISTOL	STATE R.I.	ZIP CODE 02809
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000 SHS NO PAR VALUE			200	COMMON	NO PAR VALUE

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

Check No:

By: \_\_\_\_\_

**For Secretary of State Use Only**

Signature of Officer

GARY I. HARLAM

Print or Type Name of Officer \_\_\_\_\_

PRESIDENT

Title of Officer

Date \_\_\_\_\_

DETACH BOTTOM BEFORE RETURNING

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
(401) 277-3040

## ANNUAL REPORT

Please Type or Print

File Annually - Jan 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0065139

Annual Report for the year: 1995

Name of Corporation: Ga'lan Realty, Inc.

Business entity organized under the laws of the State of: RHODE ISLAND  
For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corp. (See RIGL Chapter 7-5.1)

Phone:

Address and telephone of the principal office of business  
entity in Rhode Island (Provide street address - Not P.O. Box):

500 WOOD STREET

BRISTOL, RI 02809

(401) 253-1500

Phone:

Brief statement of the character of business conducted in Rhode Island:

REAL ESTATE INVESTMENTS

### THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
GARY I. HARLAM	500 WOOD STREET, BRISTOL, RI	02809	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
ALAN D. HARLAM	500 WOOD STREET, BRISTOL, RI	02809	
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
ALAN D. HARLAM	500 WOOD STREET, BRISTOL, RI	02809	

### THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
ALAN D. HARLAM	500 WOOD STREET, BRISTOL, RI	02809	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
GARY I. HARLAM	500 WOOD STREET, BRISTOL, RI	02809	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED		NUMBER OF SHARES ISSUED AND OUTSTANDING	
Number of Shares	Class/Series	Number of Shares	Class/Series
1000	COMMON	200	COMMON

Date: 1/30

By:

GARY HARLAM  
PRINT OR TYPE NAME OF OFFICER SIGNING  
PRESIDENT  
TITLE OF OFFICER SIGNING

FEB 14 1995

FILED

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
OFFICE OF THE SECRETARY OF STATE  
100 North Main Street, Providence, Rhode Island 02903-1335  
401-277-3040

Corporate ID: 0065139

Annual Report for the year: 1994

Ga'lan Realty, Inc.

Name of Business Entity: \_\_\_\_\_

Business entity organized under the laws of the State of RHODE ISLAND  
Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office

Business Entity is (check one):

- ☒ Business Corporation (See RIOL Chapter 7-1.1)  
☐ Professional Service Corp. (See RIOL Chapter 7-5.1)  
☐ Limited Liability Company (See RIOL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

MARTIN P. SLEPKOW, ESQUIRE

1481 WAMPANOAG TRAIL

EAST PROVIDENCE, RI 02915

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box).

500 WOOD STREET

BRISTOL, RI 02809

Brief statement of the character of business conducted in Rhode Island:

REAL ESTATE INVESTMENTS

Phone: 253-1500

Date of Organization: AUGUST 6, 1991

Date of Qualification to do business in Rhode Island (if foreign entity):

## THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
 GARY I. HARLAM 500 WOOD STREET, BRISTOL, RI 02809

☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
 ALAN D. HARLAM 500 WOOD STREET, BRISTOL, RI 02809

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
 ALAN D. HARLAM 500 WOOD STREET, BRISTOL, RI 02809

## THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE  
 ALAN D. HARLAM 500 WOOD STREET, BRISTOL, RI 02809

NAME STREET ADDRESS CITY/STATE ZIP CODE  
 GARY I. HARLAM 500 WOOD STREET, BRISTOL, RI 02809

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable)

NUMBER 1000  
 CLASS COMMON  
 SERIES  
 PAR VALUE OR  
 WITHOUT PAR NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER 200  
 CLASS COMMON  
 SERIES  
 PAR VALUE OR  
 WITHOUT PAR NO PAR VALUE

Date: 2-7, 1994

By:

PRINT OR TYPE NAME OF OFFICER SIGNING  
 PRESIDENT  
 TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or resident agent, Form 9 or Form LLC3 must be filed.

FILED

FEB 9 1994

By: [Signature]

*State of Rhode Island and Providence Plantations*CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903✓  
PLP 128Corporate ID 0065139Annual Report for the year 1993FIRST: The name of the corporation is Ga'lan Realty, Inc.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is Real Estate Investment.

FOURTH: If foreign, corporation, address of its principal office \_\_\_\_\_

FIFTH: Business address in Rhode Island 500 Wood Street, Bristol, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>ALAN D. HARLAM</u>	Director	<u>500 Wood Street, Bristol, RI</u>
<u>GARY I. HARLAM</u>	Director	<u>500 Wood Street, Bristol, RI</u>
	Director	
<u>GARY I. HARLAM</u>	President	<u>500 Wood Street, Bristol, RI</u>
	Vice-President	
<u>ALAN D. HARLAM</u>	Secretary	<u>500 Wood Street, Bristol, RI</u>
<u>ALAN D. HARLAM</u>	Treasurer	<u>500 Wood Street, Bristol, RI</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value of statement that shares are without par value
1,000	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value of statement that shares are without par value
200	Common		No Par

Dated: 2/16, 1993Ga'lan Realty, Inc.  
(Name of Corporation)

By: \_\_\_\_\_

Title: President

RECEIVED &amp; FILED FEB 17 1993

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 65139 Annual Report for the year 1992

FIRST: The name of the corporation is Ga'lan Realty, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Real Estate Investment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 500 Wood Street, Bristol, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ALAN D. HARLAM	Director	500 Wood Street, Bristol, RI
GARY I. HARLAM	Director	500 Wood Street, Bristol, RI
GARY I. HARLAM	President	500 Wood Street, Bristol, RI
	Vice President	
ALAN D. HARLAM	Secretary	500 Wood Street, Bristol, RI
ALAN D. HARLAM	Treasurer	500 Wood Street, Bristol, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	

Series

PAID

Par Value  
or statement that  
shares are without  
par value

No par

MAR 31 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class
200	

Series

SEC'Y OF STATE

Par Value  
or statement that  
shares are without  
par value

No par

Dated 3/26 19 92

Ga'lan Realty, Inc.  
(Name of Corporation)

By [Signature] President

Title

(Report must be signed by an officer)