



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED STAMP
 JAN 21 2020
 5447 *OL*

1. Entity ID Number 46206		2. Exact name of the Corporation FRAN-TAM DEVELOPMENT CORP.			
3. Principal Office Address 84 Inman Road			City Harrisville	State RI	Zip 02830-0000
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island dealing in real property			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Francis T. Galeshaw, III			Vice-President Name Joyce Lee Galeshaw		
Street Address 84 Inman Road			Street Address 84 Inman Road		
City Harrisville	State RI	Zip 02830-	City Harrisville	State RI	Zip 02830-
Secretary Name Joyce Lee Galeshaw			Treasurer Name Francis T. Galeshaw, III		
Street Address 84 Inman Road			Street Address 84 Inman Road		
City Harrisville	State RI	Zip 02830-	City Harrisville	State RI	Zip 02830-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Francis T. Galeshaw, III			Director Name Joyce Lee Galeshaw		
Street Address 84 Inman Road			Street Address 84 Inman Road		
City Harrisville	State RI	Zip 02830-	City Harrisville	State RI	Zip 02830-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					No Par
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. 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.					
Name of Authorized Representative Francis T. Galeshaw, III President				Date 1/06/2020	
Signature of Authorized Representative <i>Francis T. Galeshaw</i>				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