



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2020 FEB 25 P 2:08

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.

1. Entity ID Number <b>1660851</b>		2. Exact name of the Corporation <b>Galkin Realty Associates II, Inc.</b>			
3. Principal Office Address <b>155 Brookside Avenue</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. NAICS Code <b>531110</b> <b>53 - Real Estate and Rental and</b>		6. Brief description of the character of business conducted in Rhode Island <b>DEAL IN REAL ESTATE</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert T. Galkin</b>			Vice-President Name <b>Warren B. Galkin</b>		
Street Address <b>155 Brookside Avenue</b>			Street Address <b>155 Brookside Avenue</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Warren B. Galkin</b>			Treasurer Name <b>Robert T. Galkin</b>		
Street Address <b>155 Brookside Avenue</b>			Street Address <b>155 Brookside Avenue</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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. <b>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.</b>					
Name of Authorized Representative <b>Robert Galkin</b>					Date <b>1/29/2020</b>
Signature of Authorized Representative <i>Robert Galkin</i> SIGN DOCUMENT HERE <b>FILED</b>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FEB 25 2020  
BY CU CK 372  
2:08