



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
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

JAN 27 2021

BY

1. Entity ID Number 000009754		2. Exact name of the Corporation Garland Industries, Inc.			
3. Principal Office Address 2213 Baypoint Way			City The Villages		State FL
					Zip 32162
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island Manufacturer of writing instruments			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Louise Lanoie			Vice-President Name Louise Lanoie		
Street Address 2213 Baypoint Way			Street Address 2213 Baypoint Way		
City The Villages	State FL	Zip 32162	City The Villages	State FL	Zip 32162
Secretary Name Louise Lanoie			Treasurer Name Louise Lanoie		
Street Address 2213 Baypoint Way			Street Address 2213 Baypoint Way		
City The Villages	State FL	Zip 32162	City The Villages	State FL	Zip 32162
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Louise Lanoie			Director Name		
Street Address 2213 Baypoint Way			Street Address		
City The Villages	State FL	Zip 32162	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			79	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 Louise Lanoie				Date 1/18/2021	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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