RI SOS Filing Number: 202189248280 Date: 2/1/2021 4:00:00 PM

State of Rhode Island
**Department of State - Business Services Division**

**FILED**
FEB 01 2021
BY

**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.

| 1. Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 65139 | Ga'lan Realty, Inc. | | |
| 3. Principal Office Address | City | State | Zip |
| 250 Centerville Road, Bldg F15 | Warwick | RI | 02886 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | |
| 531120 | Real estate investment | | |
| 5. State of Incorporation | | | |
| RI | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Gary I. Harlam | | | Vice-President Name: None | | |
| Street Address: 250 Centerville Road, Bldg F15 | | | Street Address: | | |
| City: Warwick | State: RI | Zip: 02886 | City: | State: | Zip: |
| Secretary Name: Alan D. Harlam | | | Treasurer Name: Alan D. Harlam | | |
| Street Address: 250 Centerville Road, Bldg F15 | | | Street Address: 250 Centerville Road, Bldg F15 | | |
| City: Warwick | State: RI | Zip: 02886 | City: Warwick | State: RI | Zip: 02886 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Alan D. Harlma | | | Director Name: Gary I. Harlam | | |
| Street Address: 250 Centerville Road, Bldg F15 | | | Street Address: 250 Centerville Road, Bldg F15 | | |
| City: Warwick | State: RI | Zip: 02886 | City: Warwick | State: RI | Zip: 02886 |
| Director Name: None | | | Director Name: None | | |
| Street Address: | | | Street Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |

9 Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 200 | Common | No Par Value |
| | | |

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 | Date |
|---|---|
| Gary I. Harlam | 1/19/21 |
| Signature of Authorized Representative: X | |

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

**FORM 630 - Revised: 08/2020**