RI SOS Filing	Number: 202	2197255430	Date: 5/27/	2021 10:13:00 <i>F</i>	M		
State of Rhode Island Department of St	ate - Busine	ss Services [Division				
Annual Report for the ye							
Corporation							
 → Filing period: January 1 - I → Filing Fee: \$50.00 → Penalty: Additional \$25.00 			R.J	RECEIVED DEPT. OF STATE BUS SYCS DIV			
Entity ID Number			2				
158774		2. Exact name of the Corporation GAPLW Realty Inc. 2021 HAY 27 A IC: 1					
Principal Office Address Bayberry Lane			City South Saler	n	State NY	Zip 10590	
4. NAICS Code	6. Brief descri	ption of the charac	ter of business co	onducted in Rhode Isla	and		
531110	Real Estate - Rental Property						
State of Incorporation New York							
7. List ALL officers (names and ad	ldresses)		· · · · · · · · · · · · · · · · · · ·	Check th	e box to in	dicate an attachment 🗖	
President Name Lynne R Barascl	Vice-President	Vice-President Name Douglas Barasch					
Street Address 18 Bayberry Lane			Street Address	Street Address 18 Bayberry Lane			
^{City} South Salem	State NY	^{Zip} 10590		^{City} South Salem		^{Zip} 10590	
Secretary Name			Treasurer Nam	Treasurer Name			
Street Address	Street Address	Street Address					
City	State	Zip	City	City		Zip	
8. List ALL directors (names and		Check the box to indicate an attachment					
Director Name None			Director Name	Director Name			
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
Director Name	Director Name						
Street Address			Street Address	Street Address			
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss			he box to i	ndicate an attachment 🔲	
This information is currently of record in the Department of State.		NUMBER O	OF SHARES	CLASS/SERIES 0		PAR VALUE	
Changes require an additional filing.							
11. This report must be executed	on behalf of the	corporation by an	authorized repres	L sentative. If the corpor	ation is in t	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.							
Statements, and that all statem Name of Authorized Representate	na correct.	Date					
Douglas Barasch				05/24/2021			
Signature of Authorized Representative							
MAN TO:							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 12 1 2021 N. H. 10: 13 A.M