



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

APR 26 2023

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[Handwritten signature]

1. Entity ID Number 73539		2. Exact name of the Corporation Galkin Realty Associates, Inc.			
3. Principal Office Address 155 Brookside Avenue			City West Warwick	State RI	Zip 02893
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Deal in real estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name Warren B. Galkin		
Street Address			Street Address 155 Brookside Avenue		
City	State	Zip	City West Warwick	State RI	Zip 02893
Secretary Name Warren B. Galkin			Treasurer Name		
Street Address 155 Brookside Avenue			Street Address		
City West Warwick	State RI	Zip 02893	City ..	State -	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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	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.					
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 Warren B. Galkin					Date 4/21/23
Signature of Authorized Representative <i>Warren B. Galkin</i>					

MAIL TO:
 Division of Business Services
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