State of Rhode Island Fee: \$50.00 Office of the Secretary of State
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Foreign Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024
1. Corporate ID No. 001743320
2. Name of Corporation Galt Enterprises, Inc.
3. Street Address Principal Business Office:
No. and Street: <u>34555 CHAGRIN BLVD.</u>
<u>SUITE 100</u>
City or Town: <u>MORELAND HILLS, OHIO</u> State: <u>OH</u> Zip: <u>44022</u> Country: <u>USA</u>
4. Business Phone No.
<u>2164646744</u>
5. State of Incorporation
State: <u>OH</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>524128</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
TO OFFER GUARANTEED ASSET PROTECTION PRODUCTS
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed.

Class of Stock Series of Stock Par Value Per Share Total Authorized Data and Number of Shares Total Authorized Shares Total Authorized Shares CNP \$0.0000 750.00 0 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 if the corporation by the receiver or trustee. igned this 14 Day of February, 2024 at 12:11:48 PM. This electronic signature of the adividual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the ct and deed of the corporation, and that the facts stated herein are true, as of the date of the lectronic filing, in compliance with R.I. Gen. Laws § 7-1.2. Y LEE M. HOFFMAN Signature of Authorized Representative of the Corporation		Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country		
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