State of Rhode Island Department of Sta	ate - Busine	ess Services [Division		_	
Annual Report for the year: 2024 Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			FILED FEB 2.3 2024 BY			
65139	2. Exact name of the Corporation Ga'lan Realty, Inc.					
3. Principal Office Address 250 Centerville Road, Bldg. F15			City Warwick		State RI	Zip 02886
4. NAICS Code 531120 5. State of Incorporation	ľ	ption of the charact te investment	er of business c	onducted in Rhodé Is	land	-
RI						
List ALL officers (names and ad President Name	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. Lint ALL directors (names and a	Check the box to indicate an attachment					
Director Name Gary I. Harlam			Director Name	Alan D. Harlam		
Street Address 250 Centerville Road, Bldg. F15			Street Address 250 Centerville Road, Bldg. F15			
^{City} Warwick	State RI	^{Z₁p} 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 Iss			he box to i	ndicate an attachment
Department of State.			SHARES			
trustee, this report must be execut	ed on behalf of t	the corporation by t	he receiver or tr	ustee.		
statements, and that all stateme	ints contained l	herein are true an	d correct.		_	
Gary I. Harlam					Date	
	tative				1	
Street Address City State 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. 11. This report must be executed on behalf of the cotrustee, this report must be executed on behalf of the Under penalty of perjury, I declare and affirm tha statements, and that all statements contained he Name of Authorized Representative		10. Shares Issi NUMBER OF 200 corporation by an a the corporation by that I have examine	City ued SHARES uthorized repres he receiver or tr	Check to CLASS/SERIES Common Centative. If the corporate.	he box to i	No Par Value

RI SOS Filing Number: 202447172630 Date: 2/23/2024 4:00:00 PM

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: 11/2021