



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FILED

FEB 23 2024

BY 2756

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 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	6. Brief description of the character of business conducted in Rhode Island Real estate investment				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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	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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Gary I. Harlam					Date
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov