



State of Rhode Island

Department of State - Business 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

MAR 20 2024

BY 2785

1. Entity ID Number 1660851		2. Exact name of the Corporation Galkin Realty Associates II, 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 ☐					
President Name			Vice-President Name Warren B. Galkin		
Street Address			Street Address 155 Brookside Avenue		
City	State	Zip	City	State	Zip
			West Warwick	RI	02893
Secretary Name Warren B. Galkin			Treasurer Name		
Street Address 155 Brookside Avenue			Street Address		
City	State	Zip	City	State	Zip
West Warwick	RI	02893			
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	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 Warren B. Galkin					Date 3/08/2024
Signature of Authorized Representative <i>Warren B. Galkin</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 630- Revised 12/2023