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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.

1. Entity ID Number 000089004		2. Exact name of the Corporation Galapagos Collection, Inc.			
3. Principal Office Address 5193 Old Post Road			City Charlestown	State RI	Zip 02813
4. NAICS Code 453998		6. Brief description of the character of business conducted in Rhode Island To engage in the business of importing wool sweaters and wool goods.			
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 David M. Lanning			Vice-President Name		
Street Address 20 Oxford Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Sandra J. Lanning			Treasurer Name Sandra J. Lanning		
Street Address 20 Oxford Street			Street Address 20 Oxford Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David M. Lanning			Director Name Sandra J. Lanning		
Street Address 20 Oxford Street			Street Address 20 Oxford Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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
		99		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 David M. Lanning					Date 3/26/24
Signature of Authorized Representative					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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