



State of Rhode Island  
Department of State - Business Services Division

REC'D RIDGS BSD  
MAY 28 AM 10:48  
2024

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<br><b>001752277</b> | 2. Exact name of the Corporation<br><b>Gala Photo Booths, Inc.</b> |
|---|--|

|   |                             |                    |                     |
|---|-----------------------------|--------------------|---------------------|
| 3. Principal Office Address<br><b>751 Main Street</b> | City<br><b>West Warwick</b> | State<br><b>RI</b> | Zip<br><b>02893</b> |
|---|-----------------------------|--------------------|---------------------|

|  |  |
|--|--|
| 4. NAICS Code<br><b>541921</b>         | 6. Brief description of the character of business conducted in Rhode Island<br><b>Photo booth services</b> |
| 5. State of Incorporation<br><b>RI</b> |  |

|  |                    |  |                     |
|--|--------------------|--|---------------------|
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |  |                     |
| President Name<br><b>Joshua Chopy</b>  |                    | Vice-President Name<br><b>Zachary Deus</b> |                     |
| Street Address<br><b>751 Main St</b>   |                    | Street Address<br><b>751 Main St</b>       |                     |
| City<br><b>West Warwick</b>  | State<br><b>RI</b> | City<br><b>West Warwick</b>                | Zip<br><b>02893</b> |
| Secretary Name<br><b>Zachary Deus</b>  |                    | Treasurer Name<br><b>Joshua Chopy</b>      |                     |
| Street Address<br><b>751 Main St</b>   |                    | Street Address<br><b>751 Main St</b>       |                     |
| City<br><b>West Warwick</b>  | State<br><b>RI</b> | City<br><b>West Warwick</b>                | Zip<br><b>02893</b> |

|   |       |                |     |
|---|-------|----------------|-----|
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |       |                |     |
| Director Name<br><b>NONE</b>  |       | Director Name  |     |
| Street Address  |       | Street Address |     |
| City  | State | City           | Zip |
| Director Name   |       | Director Name  |     |
| Street Address  |       | Street Address |     |
| City  | State | City           | Zip |

| 9. Shares Authorized  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                  |              |           |             |               |               |  |  |  |
|---|---|------------------|--------------|-----------|-------------|---------------|---------------|--|--|--|
| This information is currently of record in the Department of State. | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 34%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>2000</b></td> <td style="text-align: center;"><b>Common</b></td> <td style="text-align: center;"><b>No Par</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>2000</b> | <b>Common</b> | <b>No Par</b> |  |  |  |
| NUMBER OF SHARES  | CLASS/SERIES  | PAR VALUE        |              |           |             |               |               |  |  |  |
| <b>2000</b>   | <b>Common</b>   | <b>No Par</b>    |              |           |             |               |               |  |  |  |
|   |   |                  |              |           |             |               |               |  |  |  |
| Changes require an additional filing.                               |   |                  |              |           |             |               |               |  |  |  |

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<br><b>Joshua Chopy</b> | Date<br><b>05/28/2024</b> |
|--|---------------------------|

|  |   |
|--|---|
| Signature of Authorized Representative<br> | <b>FILED 1046</b><br><b>MAY 28 2024</b><br><b>BY 1370</b> |
|--|---|