



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV.

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2024 JUN -3 PM 2:13

JUN 8 2024

BY [Signature] 160503746

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 41107		2. Exact name of the Corporation GKB REALTY, INC.			
3. Principal Office Address 6 SEABROOK DRIVE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 531120		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE OPERATING COMPANY			
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 NANCY L HANOIAN			Vice-President Name		
Street Address 12 JAKES WAY			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
Secretary Name NANCY L HANOIAN			Treasurer Name NANCY L HANOIAN		
Street Address 12 JAKES WAY			Street Address 12 JAKES WAY		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NANCY L HANOIAN			Director Name		
Street Address 12 JAKES WAY			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
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		PAR VALUE
			8000	COMMON	\$1.0000
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 NANCY L HANOIAN					Date 5.21.2024
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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