



State of Rhode Island
Department of State - Business Services Division

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 BY *AJOS*
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Annual Report for the year: 2025
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 8874 | | 2. Exact name of the Corporation The Galen Corp. | | | |
| 3. Principal Office Address 1481 Wampanoag Trail | | | City East Providence | State RI | Zip 02915 |
| 4. NAICS Code 531120 | | 6. Brief description of the character of business conducted in Rhode Island Real estate investments | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Lawrence A. Aubin, Sr. | | | Vice-President Name Martin P. Slepkow | | |
| Street Address 304 Chambord Terrace | | | Street Address 3290 Degas Drive East | | |
| City Palm Beach Gardens | State FL | Zip 33410 | City Palm Beach Gardens | State FL | Zip 33410 |
| Secretary Name Lawrence A. Aubin, Sr. | | | Treasurer Name Lawrence A. Aubin, Sr. | | |
| Street Address 304 Chambord Terrace | | | Street Address 304 Chambord Terrace | | |
| City Palm Beach Gardens | State FL | Zip 33410 | City Palm Beach Gardens | State FL | Zip 33410 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name None | | | Director Name None | | |
| 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 | |
| | | 6 VOTING | | CLASS A - COMMON | |
| | | 594 NON-VOTING | | CLASS B - COMMON | |
| | | | | PAR VALUE | |
| | | | | NO PAR VALUE | |
| | | | | 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 Lawrence A. Aubin, Sr. | | | | | Date |
| Signature of Authorized Representative | | | | | |