RI SOS Filing Number: 202564532070 Date: 2/5/2025 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division						FILED		
Annual Report for the year: 2025					FEB 0 5 2025 BY 10 2			
Corporation ————————————————————————————————————					- 501 va			
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00					10 10.			
Penalty: Additional \$25.00 fee if form is not filed by May 31.					P	14.		
1. Entity ID Number	2. Exact name of the Corporation							
000009754	Garland Industries, Inc.							
3. Principal Office Address 2213. Raypoint Way			City		State		Zip	
2213 Baypoint Way				llages	FL		32162	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
339999	Manufacturer of writing instruments							
5. State of Incorporation								
7. List ALL officers (names and addresses) President Name Vice-President Name Vice-President Name								
Louise Lanoie				Vice-President Name Louise Lanoie				
Street Address 2213 Baypoint Way				Street Address 2213 Baypoint Way				
City The Villages	State FL	^{Zıp} 32162	City The	Villages	State	FL	^{Ζiρ} 32162	
Secretary Name Louise Lanoie			Treasurer Name Louise Lanoie					
Street Address 2213 Baypoint Way			Street Address 2213 Baypoint Way					
City The Villages	State FL	^{Zip} 32162	City The Villages			FL	^{Zip} 32162	
8 List ALL directors (names and addresses) Check the box to indicate an attachment Director Name								
Louise Lanoie			Director Name					
Street Address 2213 Baypoint Way				Street Address				
^{City} The Villages	State FL	^{Zip} 32162	City		State		Zip	
Director Name				Director Name				
Street Address	Street Address							
City	State	Zip	City		State		Zip	
9. Shares Authorized 10. Sh This information is currently of record in the								
Department of State.		NUMBER OF SHARES			CLASS/SERIFS		No Par	
Changes require an additional filing.				Common	INUFAI			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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 Date								
Louise Lanoie						20/2	5	
Signature of Authorized Representative								
and the same of th								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov