



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 64265		2. Name of Corporation Galliate, Ltd.		
3. Street Address Principal Business Office c/o Palumbo & LaProva, 221 Broadway			City Providence	State RI
4. Business Phone No. 401 831 4230		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Luigi Carnevale		Vice President Name Luigi Carnevale		
Street Address via L. Ariostoso 50, 28066		Street Address via L. Ariostoso 50, 28066		
City Galliate	State ITALY	Zip	City Galliate	State ITALY
Secretary Name Luigi Carnevale		Treasurer Name Luigi Carnevale		
Street Address via L. Ariostoso 50, 28066		Street Address via L. Ariostoso 50, 28066		
City Galliate	State ITALY	Zip	City Galliate	State ITALY
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Luigi Carnevale		Director Name		
Street Address via L. Ariostoso 50, 28066		Street Address		
City Galliate	State ITALY	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
1000 NO PAR VALUE			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
			Number of Shares	Class/Series
			100	COMMON
				NO PAR

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.

File Date FILED
Check No. FEB 05 2008
By: DS-80609114
FOR SECRETARY OF STATE USE ONLY

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.

Signature Luigi Carnevale Date 01/23/2008
Print or Type Name
Luigi Carnevale
President
Title