



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2023**  
**Corporation**

**FILED**  
**APR 06 2023**  
 BY 2019 OS

- 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 <b>000092840</b>		2. Exact name of the Corporation <b>Hammond Housecraft, Inc.</b>			
3. Principal Office Address <b>2 Williams Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>236115</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own and and manage real estate and structures</b>			
5. State of Incorporation <b>Rhode Island</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 <b>Gary L. Galkin</b>			Vice-President Name <b>N/A</b>		
Street Address <b>24 Hammond Hill</b>			Street Address		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>01874</b>	City	State	Zip
Secretary Name <b>Christine Galkin</b>			Treasurer Name <b>Gary L. Galkin</b>		
Street Address <b>24 Hammond Hill</b>			Street Address <b>24 Hammond Hill</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>01874</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>01874</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 <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>			Director Name <b>N/A</b>		
Street Address			Street Address		
City	State	Zip	City	State	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.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>GARY L. GALKIN, PRESIDENT</b>				Date <b>3/1/2023</b>	
Signature of Authorized Representative 					

MAIL TO:  
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