



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

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.

FILED
MAR 04 2024
BY 20081
DS

1. Entity ID Number 000092840		2. Exact name of the Corporation Hammond Housecraft, Inc.			
3. Principal Office Address 24 Hammond Hill			City Saunderstown	State RI	Zip 01874
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island To own and manage real estate and structures			
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 Gary L. Galkin			Vice-President Name N/A		
Street Address 24 Hammond Hill			Street Address		
City Saunderstown	State RI	Zip 01874	City	State	Zip
Secretary Name Christine M. Galkin			Treasurer Name Gary L. Galkin		
Street Address 24 Hammond Hill			Street Address 24 Hammond Hill		
City Saunderstown	State RI	Zip 01874	City Saunderstown	State RI	Zip 01874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	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
			100	Common	No Par
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 GARY L. GALKIN				Date 2/25/2024	
Signature of Authorized Representative 					

MAIL TO:
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