



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 2009

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. 159401		2. Name of Corporation GABRIEL'S HOUSE OF PIZZA INC.			
3. Street Address Principal Business Office 259 BROADWAY		City PROVIDENCE	State R.I.	Zip 02903	
4. Business Phone No. 401-490-7373		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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name HICHAM DAYA			Vice President Name DEMETRA DAYA		
Street Address 367 SIMMONSVILLE AVE APT 3112			Street Address 367 SIMMONSVILLE AVE APT 3112		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name DEMETRA DAYA			Treasurer Name HICHAM DAYA		
Street Address 367 SIMMONSVILLE AVE APT 3112			Street Address 367 SIMMONSVILLE AVE APT 3112		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name HICHAM DAYA			Director Name DEMETRA DAYA		
Street Address 367 SIMMONSVILLE AVE APT 3112			Street Address 367 SIMMONSVILLE AVE APT 3112		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 100 NO PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value 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.

FILED

File Date **JAN 15 2009**
Check No. **By 1623**
By: _____

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.

HICHAM DAYA
Signature _____ Date **1-13-09**
HICHAM DAYA
Print or Type Name
PRESIDENT / TRESURER
Title