



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., 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

* 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. 130860
2. Name of Corporation Fabel Realty, Inc.

3. Street Address Principal Business Office
C/O KENNETH J. RAMPINO 615 JEFFERSON BOULEVARD WARWICK RI 02886-

4. Business Phone No. 4017381910
5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
TO PURCHASE, OWN, MAINTAIN, MANAGE, SELL OR OTHERWISE DEAL WITH REAL ESTATE

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Vincenzo Ciummo Street Address 1060 Oaklawn Avenue City Cranston State RI Zip 02920	Vice President Name Sharon Ciummo Street Address 1060 Oaklawn Avenue City Cranston State RI Zip 02920
Secretary Name Sharon Ciummo Street Address 1060 Oaklawn Avenue City Cranston State RI Zip 02920	Treasurer Name Vincenzo Ciummo Street Address 1060 Oaklawn Avenue City Cranston State RI Zip 02920

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,800 NO PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES
Number of Shares Class/Series Par Value
380 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.



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
Vincenzo Ciummo

Date

Jan. 22, 2009

Print or Type Name

President

Title

Form 630 12/05

130860 DBC 02/15/07 09:31:38 AM

File Date **FILED**

Check No. JAN 28 2009

By 1348

FOR SECRETARY OF STATE USE ONLY