

FOR SECRETARY OF STATE USE ONLY

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 ______ 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

subject to a penalty fee of \$25.00 1. Corporate ID No.	9. 2. Name of Corp.	ration failing or refusing to file its ann			
82327	Jorge and S	Susan Gabriel, Inc.			
3. Street Address Principal Business Office 1705 Stafford Rd.			City Tiverton	State RI	<i>хір</i> 02878
		5. State of Incorporation Rhode Island		•	
. Brief Description of the Chan To engage in all phases	acter of Business Conduc is of the garment inc	ied in Rhode Island Justry.	THE STATE OF THE S		
	SSES OF THE OFFI	CERS: ("X" BOX FOR ATTA		ACES BEFORE USING	ATTACHMENTS
President Name Susan Gabriel			Vice President Name Jorge Gabriel		
Street Address 1705 Stafford Rd.			Street Address 1705 Stafford Rd.		
्रा _ए Tiverton	State RI	<i>Zip</i> 02878	City Tiverton	State RI	<i>Ζίμ</i> 02878
ecretary Name			Treasurer Name		I
Street Address			Street Address		
Tity:	State	Zip	City	State	Zip
. NAMES AND ADDRES	SSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	: CACHMENT) FILL IN S Director Name	PACES BEFORE USIN	G ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	J	J	Director Name	l	
Street Address			Street Address		
Zity	State	Zip	City	State	Zip
SHARES AUTHORIZE	D		10. SHARES ISSUED (and the state of t	and the first of the second se
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.			Number of Shares	Class/Series	Par Value
			100	Common	No par value
			· 10.11.11.11.11.11.11.11.11.11.11.11.11.1		
This report must be exec	uted on behalf of th	e corporation by an authorize	ed representative. If the cor	poration is in the hand	s of a receiver or trustee.
no report must be execu	ned OII DENAR OF INC	e corporation by the receiver	or nastee.		
					that I have examined this re
			including any accomp		atements, and that all statem
ile Date	·ILED		Allan . Signature	Saluel	<u>iala:7/0</u>
Check No. DE	G.2 .9.2000		Susan Gabriel		Date 12/27/09
	اللاحات	F [Ma]	Print or Type Name		

President

Title