



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 2011

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 RI	Zip 02903
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Operate a restaurant					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name HICHAM DAYA			Vice President Name Demetra Daya		
Street Address 367 SIMMONSVILLE AVENUE, APT 3112			Street Address 367 SIMMONSVILLE AVENUE, 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 AVENUE, APT 3112			Street Address 367 SIMMONSVILLE AVENUE, 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name		
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 None

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 SECRETARY OF STATE
 CORPORATIONS DIV.
 2011 DEC 29 AM 9:46

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 9:46
DEC 29 2011

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

BY *[Signature]*
159585

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 *[Signature]* Date 12/29/11
Print or Type Name Hicham J DAYA
Title President