



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 568550		2. Exact name of the Corporation Gabrieles Martial Arts Inc. Kingstown		
3. Principal office address 26 Colonial Drive		City Westery	State RI	Zip 02891
4. Business Phone No. 401-284-3151		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Martial Arts School				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Jason Gabriele		Vice-President Name Salvadore Gabriele		
Street Address 26 Colonial Drive		Street Address 26 Colonial Drive		
City Westery	State RI	Zip 02891	City Westery	State RI
Secretary Name Olinda Gabriele		Treasurer Name None		
Street Address 26 Colonial Drive		Street Address None		
City Westery	State RI	Zip 02891	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Jason Gabriele		Director Name Salvadore Gabriele		
Street Address 26 Colonial Drive		Street Address 26 Colonial Drive		
City Westery	State RI	Zip 02891	City Westery	State RI
Director Name Olinda Gabriele		Director Name None		
Street Address 26 Colonial Drive		Street Address None		
City Westery	State RI	Zip 02891	City	State
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		None		

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

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

FILED

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.

MAR 28 2012

Olinda Gabriele 3-22-12
 Signature of Authorized Representative Date

1249

Olinda Gabriele
 Print or Type Name of Authorized Representative