



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

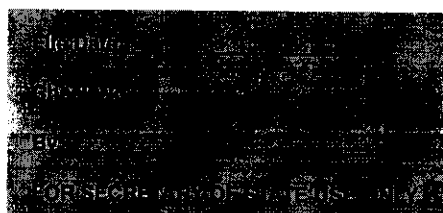
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 000797108		2. Exact name of the Corporation GABI TRANSPORTATION INC.			
3. Principal office address 27 DEAN STREET		City JOHNSTON		State RI	Zip 02919
4. Business Phone No. 401-480-3387		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TRUCKING & TRANSPORTATION					
OFFICERS (NAME AND ADDRESS)					
President Name WILDER L CORTEZ			Vice-President Name		
Street Address 27 DEAN STREET			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name WILDER L CORTEZ			Treasurer Name WILDER L CORTEZ		
Street Address 27 DEAN STREET			Street Address 27 DEAN STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
DIRECTORS (NAME AND ADDRESS)					
Director Name WILDER L CORTEZ			Director Name		
Street Address 27 DEAN STREET			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED					
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	
		1,000	COMMON	1.00	

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

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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.

Wilder Cortez
Signature of Authorized Representative

2-26-16

Date

WILDER L CORTEZ

Print or Type Name of Authorized Representative