RI SOS Filing Number: 201695282670 Date: 03/28/2016 4:00 PM

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 2016

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.	2. Exact name of the Corporation
792524	Gabriel's Restaurant, Inc.

3. Principal office address	City	State	Zip
39 Phenix Avenue	Cranston	RI	02920

4. Business Phone No.	5. State of Incorporation
401-632-4222	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Restaurant.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Gabriel J. Ferri, Sr.	38 Apple House Drive	Cranston	RI	02921

Vice-President Name	Street Address	City	State	Zip
Cheriann Ferri	38 Apple House Drive	Cranston	RI	02921

Secretary Name	Street Address	City	State	Zip
Cheriann Ferri	38 Apple House Drive	Cranston	RI	02921

Treasurer Name	Street Address	City	State	Zip
Gabriel J. Ferri, Sr.	38 Apple House Drive	Cranston	RI	02921

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Gabriel J. Ferri, Sr.	38 Apple House Drive	Cranston	RI	02921

Director Name	Street Address	City	State	Zip
Cheriann Ferri	38 Apple House Drive	Cranston	RI	02921

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. 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.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500		NONE

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.

Gabriel J. Ferri Sr. 2/22/16
Signature of Authorized Representative Date

Gabriel J. Ferri, Sr., President
Print or Type Name of Authorized Representative

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

FILED
MAR 28 2016
By 220959

Form No. 630
Revised: 01/2012
134537-11-1115273