

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401.222 3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B. 1 Corporate ID No. 92722	2 Name of Corpor	TIGER MART, INC.			
3. Street Address Principal Busin		TIGER WART, INC.	City	State	.7
69 TAUNTON AVENUE	ras Ojjice		: EAST PROVIDENCE	RI	Zip
4. Business Phone No.		'5. State of Incorporat		i Ki	02914 6 SIC Code
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Gabriel Pacheco			. Vice President Name - Mary Lou Pacheco		
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69 Taunton Avenue			. 69 Taunton Avenue		
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East Providence	RI	02914	East Providence	RI	02914
ecretary Name	• • • • • • •		Treasurer Name		!
Gabriel Pacheco			Mary Lou Pacheco		
Street Address			Street Address		
69 Taunton Avenue			69 Taunton Avenue		
City	State .	Zip	City	State	
East Providence	RI	02914	East Providence	RI	<i>Zıp</i> 02914
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AUTHORIZED SHARES		Down Material	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 NO PAR VALUE			100	Common	None
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his report must be signed	d in ink by eithe	r the President, Vice	President, Secretary, Assistan	t Secretary, Treasi	urer, Receiver or Truste
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7 2 1	c		Under penalty of perjury		
***************************************			this report, including any and that all statements co		
*92722 DBC 01/28/05 1				1 ./ / 11	io una compet.
File Date 2-10	<u>-05</u>	_	Ch()night &	Mularo	1/31/05
)			Signature of Officer /	17 DILL TOO	Date J
Check No. 5 183	<u> </u>	_	Gabriel Pache	co	
M	1		Print or Type Name of Office		-
$B_{\underline{V}}$		-	President		
FOR SECRETARY OF STATE 1	USE ONLY		i iesidelit		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401,222,3040

ROFIT CORPORATION ANNUAL	REPORT FOR THE YEAR	2004

Corporate ID No.						
	2. Name of Corpo					
92722		S TIGER MART, INC.		State	Zip	
Street Address Principal Busine 59 Taunton Avenue			City East Providence	RI	02914	
Business Phone No.	<u> </u>	5. State of Incorporation		į KL	6. SIC Code	
01-438-0854		RHODE ISLAND	3558			
Brief Description of the Charac		ed in Rhode Island	AND CONVENIENCE STORE.			
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Gabriel Pacheco		Mary Lou Pacheco				
ner Address			Street Address	· · · · · · · · · · · · · · · · · · ·		
9 Taunton Avenue	2		69 Taunton Avenue			
tir.	State	Zip	City	State	Zip	
ast Providence	RI	02914	East Providence	RI	02914	
cretary Name			Treasurer Name			
abriel Pacheco			Mary Lou Pacheco	<u> </u>	<u></u> .	
reet Address	_		Street Address			
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	l l	CTORS: ("X" BOX FOR A	· _	, ,	SING ATTACHMENTS	
rector Name	JES OF THE DIKE	CIORS. (A DOATOR II	Director Name			
rret Address			Street Address			
	·					
ty	State	Zip	City	State	Zip	
urector Name	L		Director Name			
inei Address			Street Address			
ity	State	Zip	City	State	Zip	
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O. SHARES AUTHORIZE	ED <i>("X" BOX FOR</i>	ATTACHMENT)	: 11. SHARES ISSUED ("X ISSUED SHARES	BOX FOR ATTAC	CHMENT)	
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·	Common		-	-		
·	Common					
80C			President, Secretary, Assistant	Secretary, Treasure	r. Receiver or Trustee	
800 This report must				Secretary, Treasure	r. Receiver or Trustee	
80C				Secretary, Treasure	r. Receiver or Trustee	
80C				Secretary, Treasure	r. Receiver or Trustee	
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80C			President, Secretary, Assistant Under penalty of perjui	ry. I declare and affirm nying schedules and s	that I have examined this re	
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This report must			President, Secretary, Assistant Under penalty of perjunincluding any accompa	ry. I declare and affirm nying schedules and s	that I have examined this re	
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This report must * File Date 1-20			Under penalty of perjuincluding any accompacontained herein are in Signature of Officer Gabriel Pache	ry. I declare and affirm nying schedules and sue and correct.	n that I have examined this restatements, and that all statem	

Form 630 12/01

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPO	RATION AN	NUAL REPO	RT FOR THE YEA	AR 2003	_
cumg Perioa: January 1 - i	praren i 🕶 ruing	; 1·ce: \$50.00			
FORM MUST BE TYPED IN BL 1. Corporate ID No.	ACK) 2. Name of Corporation		. 		
92722	GABRIEL'S TIG				
3. Street Address Principal Busine			City	State	Zip
69 TAUNTON AVENUE	· · · · · · · · ·		EAST PROVIDENCE	RI	02914
4. Business Phone No.		5. State of Incorporation			6, SIC Code
4014380854		RHODE ISLAND			3558
7. Brief Description of the Charact TO OPERATE A GASOLIN	ger of Business Conducti E AND AUTOMOTIV	ed in Rhode Island E SERVICE STATION	AND CONVENIENCE STOR	Ε.	
	ES OF THE OFFICE	ERS ("X" BOX FOR ATTA	ICHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
President Name			Mary Lou Pacheco		
Gabriel Pacheco		•	Succi Address		
Street Address			69 Taunton Avenue		
69 Taunton Avenue				State	Zip
Cue	State	Zip	City East Providence	RI	02914
East Providence	RI	02914	Tivasurer Name		
Secretary Name			Mary Lou Pacheco		
Gabriel Pacheco	- -		Street Address		
Street Address			69 Taunton Avenue		
69 Taunton Avenue				State	Zip
Cuv	State	Zip	Chy	RI	02914
East Providence	RI	02914	East Providence		
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC Director Name	ES BEFORE USING AT	ACHSIENIS
Street Address	_		Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Sircet Address	-		Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X" BO	X FOR ATTACHMENT)	
AUTHORIZED SHARES Viniber of Shores	Cluss/Series	Par Value	ISSUED SHARES Mumber of Shares	Class/Series	Par Value
800 NO PAR VALUE		***************************************	100	Common	No Par Value
This report must be signe	d in ink by either i	the President, Vice Pr	esident, Secretary, Assistan	t Secretary, Treasure	r, Receiver or Trustee
*92722 DBC1/14/032:5	7 2 2 * 		Under penalty of perjury this report, including any and that all statements of	accompanying schedule	es and statements,
Check No 4400)		Gabriel Pache		/
I (D)			Print or Type Name of Office	rer	
B _V .			President		

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

92722

GABRIEL'S TIGER MART, INC.

3. Street Address Principal Business Office

City

State

Zip

69 Taunton Avenue

5. State of Incorporation

RI

02914

4. Business Phone No. 438-0854

RHODE ISLAND

6. SIC Code

3558

7. Brief Description of the Character of Business Conducted in Rhode Island

Gasoline and automotive service station and convenience store

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Street Address

Secretary Name

Street Address

City

Vice President Name

Mary Lou Pacheco

East Providence

Street Address

City

City

69 Taunton Avenue

Zip

East Providence

Gabriel Pacheco

Gabriel Pacheco

69 Taunton Avenue

RI

State

02914

Zip

East Providence

RI

02914

Treasurer Name

Mary Lou Pacheco

Street Address

69 Taunton Avenue

State

69 Taunton Avenue City

East Providence

RI

02914

East Providence

RI

02914

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Director Name

Street Address

City

City

State

Zip

City

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Director Name

Street Address

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210

Street Address

City

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10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

800 NO PAR VALUE

Number of Shares

Class/Series

Par Volue

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ESSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

Check No.:

FOR SECRETARY OF STATE USE ONLY

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 Ale true and correct.

<u>Gabriel Pacheco</u> Print or Type Name of Officer

President

Title of Officer **€** > 5

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

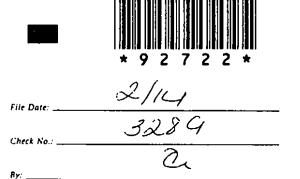
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

••		•	••
(FORM MUST	BE TYPED IN	I BLACK)	

1. Corporate ID No. 2. Name of Corporation

92722	GABRIEL	S TIGER MART, INC.			
3. Street Address Principal Business C 69 Taunton Avenue 6. Business Phone No.	•-	5. State of Incorporation	East Providence	State RI	71p 02914 6. SIC Code 3558
438-0854		RHODE ISLAND			3336
7. Brief Description of the Character (of Business Conducted	in Rhode Island			
Gasoline and auto	omotive ser	vice station and co	onvenience store		
B. NAMES AND ADDRESS President Name	ES OF THE OFF	ICERS ("X" BOX FOR ATTACHN	MENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTA	CHMENTS
Gabriel Pacheco			Mary Lou Pache	eco	· · ·
69 Taunton Avenue	2		69 Tauntoi	a Avenue	
Tity	State	ZIp	City	State	Zip
East Providence	RI	02914	East Providence Treasurer Name	RI	02914
Gabriel Pacheco			Mary Lou I	Pacheco	
treet Address			Street Address		
69 Taunton Avenue	e		69 Tauntoi	n Avenue	
;lty	State	Zip	City	State	Zip
East Providence	RI	02914	East Providence	RI ·	02914
P. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES B Director Name	EFORE USING ATT	ACHMENTS
treet Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
treet Address			Street Address		
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IO. SHARES AUTHORIZED	("X" BOX FOR ATI	(ACHMENT)	11. SHARES ISSUED (*X* B	BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800 SHS NO PAR V	ALUE		100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

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. Signatine of Officer

Gabriel Pacheco Print or Type Name of Officer

President

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

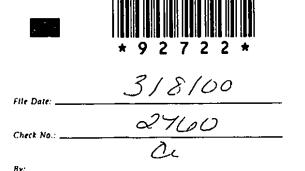
1. Corporate III No.

2GNERYELPS"TIGER MART, INC.

3. Street Address Principal Business 69 Taunton Avenu			City East Providence	State e RI	^{Zip} 02914	
4. Business Phone No. 438–0854		RHOOE ISLAND			6. 3558 °	
7. Brief Description of the Character Gasoline and auto	of Business Conducted i motive servi	n Rhode island ce station and co	nvenience store			
8. NAMES AND ADDRES: President Name Gabriel Pacheco	SES OF THE OFFI	CERS ("X" BOX FOR ATTACH	HMENT) FILL IN SPACES BE Vice President Name Mary Lou Pache	FORE USING ATTA	CHMENTS	
Street Address 69 Taunton Avenue			Street Address 69 Taunton Avenue			
cuy East Providence	State RI	02914	City East Providence	State RI	02914	
Secretory Name Gabriel Pacheco			Treasurer Name Mary Lou Pache	eco		
Street Address 69 Taunton Avens	ue :		Street Address 69 Taunton Ave	nue		
chy East Providence	State RI	02914	East Providence	State RI	02914	
9. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES Director Name	BEFORE USING AT	ACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Спу	 State	Zip	City	State	Zip	
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMEN	IT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100



800 SHS NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

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.

Supplement of Officer

Date

Common

Gabriel Pacheco
Print or Type Name of Officer

President

Title of Officer

(10.12/04

No Par



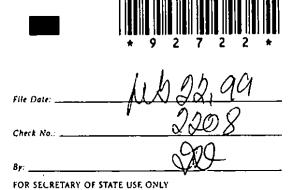
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation GABRIEL'S TIGER MART, INC. 92722 7.10 3. Street Address Principal Business Office CIIV State 02914 ŔŢ East Providence 69 TAUNTON AVENUE 6. SIC Coile 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 3558 438-0854 7. Brief Description of the Character of Business Conducted in Rhode Island Gasoline and automotive service station and convenience store FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Mary Lou Pacheco Gabriel Pacheco Street Address Street Address 69 Taunton Avenue 69 Taunton Avenue 7.10 State City State 02914 RI 02914 East Providence RΙ East Providence Treasurer Name Secretary Name Mary Lou Pacheco Gabriel Pacheco Street Address Street Address 69 Taunton Avenue 69 Taunton Avenue City City 02914 East Providence RI 02914 RI East Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT). FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Zio City State Director Name Director Name Street Address Street Address City State State Zip City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Par Value Number of Shares Number of Shares Class/Series Par Value **800 SHS NO PAR VALUE** No Par 100 Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee





James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

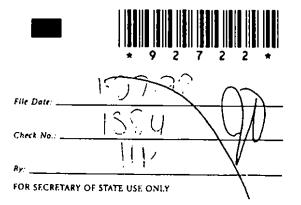
1. Carporate ID No.

2. Name of Corporation

92722	GABRIEL'S 1	TIGER MART, INC.			
. Street Address Principal Business C		,	City	State	ZIp
69 Taunton Avenue		5. State of Incorporation	East Providence	RI	02914
(401) 438–0854 Brief Description of the Character	of Rusiness Conducted in	RHODE ISLAN	D		6. SIC Gode
Gasoline and autom			nyeniana stara		
. NAMES AND ADDRESS					
resident Name		·	Vice President Name		
Gabriel Pacheco			Mary Lou Pacheco		
69 Taunton Avenue	State	Zip	69 Taunton Avenue	State	Zip
East Providence	RI	02914	East Providence	RI	02914
Gabriel Pacheco			Mary Lou Pacheco		
69 Taunton Avenue			69 Taunton Avenue		
ity	State	Zip	City	State	Zip
East Providence	RI	02914	East Providence	RI	02914
. NAMES AND ADDRESS irector Name	ES OF THE DIREC	CTORS (*X* BOX FOR ATT)	ACHMENT) Director Name		
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lty	State	Zip	City	State	Zip
irector Name			Director Name		
reel Address			Street Address		
ity	State	Zip	City	State	Zip
D. SHARES AUTHORIZED THORIZED SHARES	("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100



800 SHS NO PAR VALUE

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.

Common

that all statements contained herein are true and correct

Signature of Officer

Date (

Gabriel Pacheco

Print or Type Name of Officer

President

Title of Officer

3

No Par