



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number 1682843		2. Exact name of the Corporation GAMBOA, INC.			
3. Principal Office Address 1705 West Shore Road,			City Warwick	State RI	Zip 02889
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant & Entertainment Establishment			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jose Antonio Santillan			Vice-President Name Ramon D. Michel		
Street Address 9 Spruce Street, Apt. 2			Street Address 103 Park Street		
City North Attleboro	State MA	Zip 02760	City Attleboro	State MA	Zip 02706
Secretary Name Jose Antonio Santillan			Treasurer Name Ramond D. Michel		
Street Address 9 Spruce Street, Apt. 2			Street Address 103 Park Street		
City North Attleboro	State MA	Zip 02760	City Attleboro	State MA	Zip 02706
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jose Antonio Santillan			Director Name Raymond D. Michel		
Street Address 9 Spruce Street, Apt. 2			Street Address 103 Park Street		
City North Attleboro	State RI	Zip 02760	City Attleboro	State MA	Zip 02706
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 2,000	CLASS/SERIES Common	PAR VALUE NO PAR
11. 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.					
Name of Authorized Representative Jose Antonio Santillan, President					Date
Signature of Authorized Representative 					

FILED

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