



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.

2019 DEC 18 AM 11:40

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

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MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.n.gov

FORM 630 - Revised: 10-2017