



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 59194		2. Name of Corporation GABRIELE ENTERPRISES, INC.			
3. Street Address Principal Business Office 9 Industrial Drive			City Westerly	State RI	Zip 02891
4. Business Phone No 401-348-0150		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT AND BAR					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Natale A. Gabriele			Vice President Name Rosina Gabriele		
Street Address 7 Robin Hollow Lane			Street Address 7 Robin Hollow Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Rosina Gabriele			Treasurer Name Natale A. Gabriele		
Street Address 7 Robin Hollow Lane			Street Address 7 Robin Hollow Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Natale A. Gabriele			Director Name none		
Street Address 7 Robin Hollow Lane			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name Rosina Gabriele			Director Name none		
Street Address 7 Robin Hollow Lane			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		150	NPV COMMON	

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



File Date 1-25-05
Check No. 6264
By: [Signature]
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.

Natale A. Gabriele Pres. 01/21/05
Signature of Officer Date

Natale A. Gabriele
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 59194		2. Name of Corporation GABRIELE ENTERPRISES, INC.		
3. Street Address Principal Business Office 9 Industrial Drive		City Westerly	State RI	Zip 02891
4. Business Phone No. 401-348-0150		5. State of Incorporation RHODE ISLAND		6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT AND BAR				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Natale A. Gabriele		Vice President Name Rosina Gabriele		
Street Address 7 Robin Hollow Lane		Street Address 7 Robin Hollow Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI
Secretary Name Rosina Gabriele		Treasurer Name Natale A. Gabriele		
Street Address 7 Robin Hollow Lane		Street Address 7 Robin Hollow Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Natale A. Gabriele		Director Name none		
Street Address 7 Robin Hollow Lane		Street Address 7 Robin Hollow Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI
Director Name Rosina Gabriele		Director Name none		
Street Address 7 Robin Hollow Lane		Street Address 7 Robin Hollow Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
600 NO PAR VALUE			150 NPV	

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



* 5 9 1 9 4 *

File Date 2-4-04
Check No. 5911
By: ICP

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.

Natale A. Gabriele Pres. 2/4/04
Signature of Officer Date
NATALE A. GABRIELE
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 59194
2. Name of Corporation GABRIELE ENTERPRISES, INC.
3. Street Address Principal Business Office 9 Industrial Drive
City Westerly State RI Zip 02891
4. Business Phone No. 348-0150
5. State of Incorporation RI
6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island Restaurant/Bar

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

President Name Natale A. Gabriele	Vice President Name Rosina Gabriele
Street Address 7 Robin Hollow Lane	Street Address 7 Robin Hollow Lane
City Westerly State RI Zip 02891	City Westerly State RI Zip 02891
Secretary Name Rosina Gabriele	Treasurer Name Natale A. Gabriele
Street Address 7 Robin Hollow Lane	Street Address 7 Robin Hollow Lane
City Westerly State RI Zip 02891	City Westerly State RI Zip 02891

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

Director Name Natale A. Gabriele	Director Name none
Street Address 7 Robin Hollow Lane	Street Address
City Westerly State RI Zip 02891	City State Zip
Director Name Rosina Gabriele	Director Name none
Street Address 7 Robin Hollow Lane	Street Address
City Westerly State RI Zip 02891	City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	600	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	150	NPV	

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

File Date: 2-18-03
Check No.: 5596
By: UP

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.
Signature of Officer: Natale Gabriele Date: 2/12/03
Print or Type Name of Officer: Natale A. Gabriele
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59194** 2. Name of Corporation **GABRIELE ENTERPRISES, INC.**

3. Street Address Principal Business Office **9 INDUSTRIAL DR** City **WESTERLY** State **RI** Zip **02891**
4. Business Phone No. **348-0150** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

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

RESTAURANT + BAR

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

President Name NATALE A. GABRIELE Street Address 7 ROBIN HOLLOW LN City WESTERLY State RI Zip 02891	Vice President Name ROSINA GABRIELE Street Address SAME City SAME State SAME Zip SAME
Secretary Name ROSINA GABRIELE Street Address SAME City SAME State SAME Zip SAME	Treasurer Name NATALE A. GABRIELE Street Address SAME City SAME State SAME Zip SAME

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

Director Name NATALE A. GABRIELE Street Address SAME City SAME State SAME Zip SAME	Director Name ROSINA GABRIELE Street Address SAME City SAME State SAME Zip SAME
Director Name NONE Street Address NONE City NONE State NONE Zip NONE	Director Name NONE Street Address NONE City NONE State NONE Zip NONE

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
150 NPV

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



* 5 9 1 9 4 *

File Date: 2-7-02
Check No.: 5261
By: [Signature]

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.
Signature of Officer: [Signature] Date: 1/25/02
Print or Type Name of Officer: NATALE A. GABRIELE
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59194** 2. Name of Corporation **GABRIELE ENTERPRISES, INC.**
 3. Street Address Principal Business Office City State Zip
9 INDUSTRIAL DR **WESTERLY** **RI** **02891**
 4. Business Phone No. 5. State of Incorporation
348-0150 **RHODE ISLAND**
 6. SIC Code
3079

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

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

President Name NATALE A. GABRIELE Street Address 7 ROBIN HOLLOW LN City State Zip WESTERLY RI 02891	Vice President Name ROSINA GABRIELE Street Address 7 ROBIN HOLLOW LN City State Zip WESTERLY RI 02891
Secretary Name ROSINA GABRIELE Street Address SAME City State Zip	Treasurer Name NATALE A. GABRIELE Street Address SAME City State Zip

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

Director Name NATALE A. GABRIELE Street Address SAME City State Zip	Director Name ROSINA GABRIELE Street Address SAME City State Zip
Director Name NONE Street Address NONE City State Zip	Director Name NONE Street Address NONE City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
 AUTHORIZED SHARES
 Number of Shares Class/Series Par Value
600 SHS NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
 ISSUED SHARES
 Number of Shares Class/Series Par Value
150 SHS COM NPV

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



* 5 9 1 9 4 *

File Date: 2/21
 Check No.: 4998
 By: CL

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.

Signature of Officer: [Signature] Date: 2/14/01
 Print or Type Name of Officer: NATALE A. GABRIELE
 Title of Officer: PRES.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59194** 2. Name of Corporation **GABRIELE ENTERPRISES, INC.**

3. Street Address Principal Business Office **9 INDUSTRIAL DRIVE** City **WESTERLY** State **RI** Zip **02891**

4. Business Phone No. **401-348-0150** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

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

RESTAURANT + BAR

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

President Name NATALE A. GABRIELE	Vice President Name ROSINA GABRIELE
Street Address 7 ROBIN HOLLOW LANE	Street Address 7 ROBIN HOLLOW LANE
City State Zip WESTERLY RI 02891	City State Zip WESTERLY RI 02891
Secretary Name ROSINA GABRIELE	Treasurer Name NATALE A. GABRIELE
Street Address 7 ROBIN HOLLOW LANE	Street Address 7 ROBIN LANE
City State Zip WESTERLY RI 02891	City State Zip WESTERLY RI 02891

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

Director Name NATALE A. GABRIELE	Director Name NONE
Street Address 7 ROBIN HOLLOW LANE	Street Address NONE
City State Zip WESTERLY RI 02891	City State Zip NONE
Director Name ROSINA GABRIELE	Director Name NONE
Street Address 7 ROBIN HOLLOW LANE	Street Address NONE
City State Zip WESTERLY RI 02891	City State Zip NONE

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
150 SHS	NO PAR VAL	

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



* 5 9 1 9 4 *

File Date: 2/19/00
Check No.: 4843
By: [Signature]

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.

[Signature] Pres. 02/07/00
Signature of Officer Date
NATALE A. GABRIELE
Print or Type Name of Officer
PRES.
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 59194		2. Name of Corporation GABRIELE ENTERPRISES, INC.	
3. Street Address Principal Business Office 9 INDUSTRIAL DRIVE		City WESTERLY	State RI
4. Business Phone No. 401-348-0150		5. State of Incorporation RHODE ISLAND	
6. SIC Code 3079			
7. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT + BAR			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name NATALE A. GABRIELE		Vice President Name ROSINA GABRIELE	
Street Address 7 ROBIN HOLLOW LANE		Street Address 7 ROBIN HOLLOW LANE	
City WESTERLY	State RI	City WESTERLY	State RI
Zip 02891		Zip 02891	
Secretary Name ROSINA GABRIELE		Treasurer Name NATALE A. GABRIELE	
Street Address 7 ROBIN HOLLOW LANE		Street Address 7 ROBIN HOLLOW LANE	
City WESTERLY	State RI	City WESTERLY	State RI
Zip 02891		Zip 02891	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NATALE A. GABRIELE		Director Name NONE	
Street Address 7 ROBIN HOLLOW LANE		Street Address NONE	
City WESTERLY	State RI	City	State
Zip 02891		Zip	
Director Name ROSINA GABRIELE		Director Name NONE	
Street Address 7 ROBIN HOLLOW LANE		Street Address NONE	
City WESTERLY	State RI	City	State
Zip 02891		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 600 SHS NO PAR VAL	Class/Series	Par Value	
Number of Shares 150 SHS		Class/Series	Par Value NO PAR VAL

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



* 5 9 1 9 4 *

File Date: Feb 12, 99

Check No.: 021649

By: [Signature]

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.

Signature of Officer: [Signature] Date: 2/16/99

Print or Type Name of Officer: NATALE A. GABRIELE

Title of Officer: PRES



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. Corporate ID No. **59194** 2. Name of Corporation **GABRIELE ENTERPRISES, INC.**
3. Street Address Principal Business Office **9 INDUSTRIAL DRIVE** City **WESTERLY** State **RI** Zip **02891**
4. Business Phone No. **401-348-0150** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**
7. Brief Description of the Character of Business Conducted in Rhode Island **RESTAURANT + BAR**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name NATALE A. GABRIELE Street Address 7 ROBIN HOLLOW LANE City WESTERLY State RI Zip 02891	Vice President Name ROSINA GABRIELE Street Address 7 ROBIN HOLLOW LANE City WESTERLY State RI Zip 02891
Secretary Name ROSINA GABRIELE Street Address 7 ROBIN HOLLOW LANE City WESTERLY State RI Zip 02891	Treasurer Name NATALE A. GABRIELE Street Address 7 ROBIN HOLLOW LANE City WESTERLY State RI Zip 02891

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

Director Name NATALE A. GABRIELE Street Address 7 ROBIN HOLLOW LANE City WESTERLY State RI Zip 02891	Director Name NONE Street Address NONE City _____ State _____ Zip _____
Director Name ROSINA GABRIELE Street Address 7 ROBIN HOLLOW LANE City WESTERLY State RI Zip 02891	Director Name NONE Street Address NONE City _____ State _____ Zip _____

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

Number of Shares	Class/Series	Par Value
600 SHS	NO PAR VAL	

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

Number of Shares	Class/Series	Par Value
150	NO PAR VAL	

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



File Date: 3.2.98
Check No.: 4570
By: 10P

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.
Signature of Officer: [Signature] Date: 2/23/98
Print or Type Name of Officer: NATALE A. GABRIELE
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **59194** 2. Name of Corporation **GABRIELE ENTERPRISES, INC.**
3. Street Address Principal Business Office **9 Industrial Drive** City **Westerly** State **RI** Zip **02891**
4. Business Phone No. **401-348-0150** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

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

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Natale A. Gabriele	Vice President Name Rosina Gabriele
Street Address 7 Robin Hollow Lane	Street Address 7 Robin Hollow Lane
City Westerly State RI Zip 02891	City Westerly State RI Zip 02891
Secretary Name Rosina Gabriele	Treasurer Name Natale A. Gabriele
Street Address 7 Robin Hollow Lane	Street Address 7 Robin Hollow Lane
City Westerly State RI Zip 02891	City Westerly State RI Zip 02891

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

Director Name Natale A. Gabriele	Director Name none
Street Address 7 Robin Hollow Lane	Street Address
City Westerly State RI Zip 02891	City State Zip
Director Name Natale A. Gabriele	Director Name none
Street Address 7 Robin Hollow Lane	Street Address
City Westerly State RI Zip 02891	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
600 SHS NO PAR VAL	150 NO PAR VAL

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



File Date: 2/28/97
Check No.: 4374
By: [Signature]
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.
Signature of Officer: [Signature] Date: 2/12/97
Natale A. Gabriele
Print or Type Name of Officer
President
Title of Officer

**FRONT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 59194
2. NAME OF CORPORATION GABRIELE ENTERPRISES, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE
9 Industrial Drive
CITY Westerly STATE RI ZIP CODE 02891
4. BUSINESS PHONE NO. 401-348-0150
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 3079
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Restaurant and bar

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Natale A. Gabriele			VICE PRESIDENT NAME Rosina Gabriele		
STREET ADDRESS 7 Robin Hollow Lane			STREET ADDRESS 7 Robin Hollow Lane		
CITY Westerly	STATE RI	ZIP CODE 02891	CITY Westerly	STATE RI	ZIP CODE 02891
SECRETARY NAME Rosina Gabriele			TREASURER NAME Natale A. Gabriele		
STREET ADDRESS 7 Robin Hollow Lane			STREET ADDRESS 7 Robin Hollow Lane		
CITY Westerly	STATE RI	ZIP CODE 02891	CITY Westerly	STATE RI	ZIP CODE 02891

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Natale A. Gabriele			DIRECTOR NAME Rosina Gabriele		
STREET ADDRESS 7 Robin Hollow Lane			STREET ADDRESS 7 Robin Hollow Lane		
CITY Westerly	STATE RI	ZIP CODE 02891	CITY Westerly	STATE RI	ZIP CODE 02891
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR VAL		150		NO PAR VAL

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 2/2/96
Check No: 4267
By: KID / W

Signature of Officer: *Natale A. Gabriele*
Natale A. Gabriele
Print or Type Name of Officer: President
Title of Officer: President
Date: 02-01-96

For Secretary of State Use Only



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.
 0059194

1995

Corporate ID: _____ Annual Report for the year: _____
GABRIELE ENTERPRISES, INC.

Name of Corporation: _____

Business entity organized under the laws of the State of: RI Business Entity is (check one):

For foreign entity, address and telephone number of principal office: N/A
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____ Brief statement of the character of business conducted in Rhode Island:
Bar and restaurant

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

9 Industrial Drive
Westerly, RI 02891

Phone: (401) 348-0150

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Natale A. Gabriele</u> VICE PRESIDENT	<u>7 Robin Hollow Lane</u>	<u>Westerly RI</u>	<u>02891</u>
<u>Rosina Gabriele</u> SECRETARY	<u>7 Robin Hollow Lane</u>	<u>Westerly RI</u>	<u>02891</u>
<u>Rosina Gabriele</u> TREASURER	<u>7 Robin Hollow Lane</u>	<u>Westerly RI</u>	<u>02891</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Natale A. Gabriele</u> NAME	<u>7 Robin Hollow Lane</u>	<u>Westerly RI</u>	<u>02891</u>
<u>Rosina Gabriele</u> NAME	<u>7 Robin Hollow Lane</u>	<u>Westerly RI</u>	<u>02891</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
600	common, no par value	150	common, no par value

Date 2/15 1995 By: Natale A. Gabriele Pres.
 PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING Pres.

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

NATALE A. GABRIELE
 7 ROBIN HOLLOW LANE
 WESTERLY RI 02891

FILED

FEB 24 1995

By RR
4051

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
I.L.C. Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

Corporate ID: 0059194 Annual Report for the year: 1994

Name of Business Entity: GABRIELE ENTERPRISES, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

9 Industrial Drive
Westerly, RI 02891

Phone: (401) 348-0150

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Natale A. Gabriele, Pres.
7 Robin Hollow Lane
Westerly, RI 02891

Brief statement of the character of business conducted in Rhode Island:

Bar, Restaurant

Date of Organization: 2-8-90

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	<u>Natale A. Gabriele</u> <u>7 Robin Hollow Lane</u>	<u>Westerly, RI</u>	<u>02891</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	<u>Rosina Gabriele</u> <u>7 Robin Hollow Lane</u>	<u>Westerly, RI</u>	<u>02891</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>Rosina Gabriele</u> <u>7 Robin Hollow Lane</u>	<u>Westerly, RI</u>	<u>02891</u>
	<u>Natale A. Gabriele</u> <u>7 Robin Hollow Lane</u>	<u>Westerly, RI</u>	<u>02891</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Natale A. Gabriele</u>	<u>7 Robin Hollow Lane</u>	<u>Westerly, RI</u>	<u>02891</u>
<u>Rosina Gabriele</u>	<u>7 Robin Hollow Lane</u>	<u>Westerly, RI</u>	<u>02891</u>

NUMBER OF SHARES AUTHORIZED (if Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)
NUMBER <u>600</u>	NUMBER <u>150</u>
CLASS	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>common, no par value</u>	PAR VALUE OR WITHOUT PAR <u>common, no par value</u>

Date 2/16, 19 94

By: Natale A. Gabriele Pres.

FILED

FEB 28 1994

By lon 2978

NATALE A. GABRIELE
PRINT OR TYPE NAME OF OFFICER SIGNING

PRES.
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form I.L.C. 3 must be filed.

JOHN P. TOSCANO, JR., ESQ
23 CANAL ST.
WESTERLY RI 02891

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

2446

Corporate ID 0059194 Annual Report for the year 1993

FIRST: The name of the corporation is GABRIELE ENTERPRISES, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is Bar, Restaurant

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 9 Industrial Drive, Westerly, RI 02891

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Natale A. Gabriele	Director	7 Robin Hollow Lane, Westerly, RI 02891
Rosina Gabriele	Director	Same
	Director	
Natale A. Gabriele	President	7 Robin Hollow Lane, Westerly, RI 02891
Rosina Gabriele	Vice President	Same
Rosina Gabriele	Secretary	Same
Natale A. Gabriele	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600			common, no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
150			common, no par value

PAID
MAR 05 1993

Dated 2/14 19 93

GABRIELE ENTERPRISES, INC.

(Name of Corporation)

By Natale A. Gabriele

Natale A. Gabriele, Pres.

Title

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1692 *ms*

Corporate ID: 0053134 Annual Report for the year 1992

FIRST: The name of the corporation is GABRIELE ENTERPRISES, INC.

SECOND: It is incorporated under the laws of RI

THIRD: Character of business, briefly stated, is Bar, Restaurant

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 9 Industrial Drive, Westerly, RI 02891

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Natale A. Gabriele	Director	7 Robin Hollow Lane, Westerly, RI 02891
Rosina Gabriele	Director	Same
	Director	
Natale A. Gabriele	President	7 Robin Hollow Lane, Westerly, RI 02891
Rosina Gabriele	Vice President	Same
Rosina Gabriele	Secretary	Same
Natale A. Gabriele	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600		PAID	common, no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
150			common, no par value

Dated 2/14 19 92

GABRIELE ENTERPRISES, INC.

(Name of Corporation)

By *Natale A. Gabriele* Pres.

Natale A. Gabriele, Pres.

Title

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0059194 Annual Report for the year 1991

FIRST: The name of the corporation is GABRIELE ENTERPRISES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Bar & Restaurant

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island Industrial Drive, Westerly, RI 02891

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Natale A. Gabriele	Director	7 Robin Hollow Lane, Westerly, RI 02891
Rosina Gabriele	Director	Same
	Director	
Natale A. Gabriele	President	7 Robin Hollow Lane, Westerly, RI 02891
Rosina Gabriele	Vice President	Same
Rosina Gabriele	Secretary	Same
Natale Gabriele	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600		common	without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
150		common	without par value

PAID
FEB 15 1991
REC'D OF STATE

Dated 2/1 1991

GABRIELE ENTERPRISES, INC.
(Name of Corporation)

By Natale A. Gabriele

Title Pres. - President
NATALE A. GABRIELE

(Report must be signed by an officer)