RI SOS Filing Number: 202190344050 Date: 2/5/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED
FEB 05 2021
BY

Annual Report for the year: 2021

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation
92722	GABRIEL'S TIGER MART, INC.

3. Principal Office Address	City	State	Zip
69 TAUNTON AVENUE	EAST PROVIDENCE	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
447110	TO OPERATE A GASOLINE AND AUTOMOTIVE SERVICE STATION AND CONVENIENCE STORE.
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: GABRIEL PACHECO			Vice-President Name: MARY LOU PACHECO		
Street Address: 69 TAUNTON AVENUE			Street Address: 69 TAUNTON AVENUE		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City: EAST PROVIDENCE	State: RI	Zip: 02914
Secretary Name: GABRIEL PACHECO			Treasurer Name: MARY LOU PACHECO		
Street Address: 69 TAUNTON AVENUE			Street Address: 69 TAUNTON AVENUE		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City: EAST PROVIDENCE	State: RI	Zip: 02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	COMMON	$0.00

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	Date
GABRIEL PACHECO	1/30/21

Signature of Authorized Representative: Gabriel Pacheco

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

FORM 630 - Revised: 08/2020