RI SOS Filing Number: 202214300910 Date: 4/4/2022 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

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APR 04 2022 2142 15

Entity ID Number	2. Exact name of the Corporation						
95291	GEABER HOLDINGS, INC.						
3. Principal Office Address	<u></u>		City		State	Zip	
141 Brookwood Road		Wakefield	t	RI	02879		
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
531390	To buy, own, sell, lease, manage, improve and develop real estate						
5. State of Incorporation	in any and the second second second to the second s						
Rhode Island							
<ol><li>List ALL officers (names and add</li></ol>	lresses)				he box to in	idicate an attachment 🗓	
President Name Joseph P. Geaber, Jr.			Vice-President Name None				
Street Address 141 Brookwood Road			Street Address				
City Wakefield	State RI	<sup>Zip</sup> 02879	City		State	Zip	
Secretary Name Jacqueline A. Murphy		Treasurer Name Jacqueline A. Murphy					
Street Address 141 Brookwood Road		Street Address 141 Brookwood Road					
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	City Wakefield		State RI	State RI Zip 02879	
8. List ALL directors (names and ac	ldresses)			Check	the box to ir	ndicate an attachment	
Director Name Joseph P. Geaber, Jr.		Director Name Jacqueline A. Murphy					
Street Address 141 Brookwood Road		Street Address 141 Brookwood Road					
City Wakefield	State RI	<sup>Zip</sup> 02879	City Wakef	ield	State RI	<sup>Zip</sup> 02879	
Director Name None		Director Name None					
Street Address		Street Address					
City	State	Zip	City		State	Žip	
9. Shares Authorized	10. Shares Issue		ed Check the box to indicate an attachment				
This information is currently of record in the		NUVBER OF SHARES		CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		1,200		Common		No Par Value	
11. This report must be executed or	n behalf of the c	orporation by an ai	uthorized repres	sentative. If the como	ration is in t	he hands of a receiver or	
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							
Joseph P. Geaber, Jr. 2022							
Signature of Authorized Representative							
President							
<del>, ,</del>	-						

MAIL TO:

Division of Bosiness Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov