RI SOS Filing Number: 202339487150 Date: 7/14/2023 2:07:00 PM



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

RECEIVED-R.I. DEPT, OF STATE BUS SVC3 DIV

2023 JUL 14 P 2: 05

Annua	Report fo	r the year:	2023	
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Corporation

Filing period: February 1 - May 1

1. Ently ID Number	Penalty: Additional \$25	.00 fee if form is no	ot filed by May 31.			. ———				
3. Principal Office Address 1.11 West St. 4. NAICS Code 5. Brief description of the character of business conducted in Rhode Island 5.41612 5. State of Incorporation RI 7. List ALL officers (names and addresses) City Capture Address 1.11 West St. City West Warwick State RI City State City State Zip City S										
4. NAICS Code 5. State of Incorporation RI  7. List ALL officers (names and addresses)  City State  Ci	000511409	Motabell	Motabella Enterprises Inc.							
4. NAICS Code  541612  Staffing, Human resources consulting Services  T. List ALL officers (names and addresses)  Check the box to indicate an attachment of the component of th	3. Principal Office Address			City			Zip			
State of Incorporation RI  7. List ALL officers (names and addresses)  Street Address  City West Warwick  Street Address  City  State	111 West St.			West Warwi	ck	RI	02893			
Services  RI  7. List ALL officers (names and addresses)  Check the box to indicate an attachment   President Name  Gabriel Abella  Street Address  111 West St.  City West Warwick  State RI  Zip 02893  City  State  Zip  Check the box to indicate an attachment   Check the box to indicate an attachment   Zip  Check the box to indicate an attachment   Check the box to indicate an attachment   Check the box to indicate an attachment   Zip  City  State  Zip  Oirector Name  Street Address  City  State  Zip  City  State  Zip  Oirector Name  Street Address  City  State  Zip  Oirector Name  City  State  Zip  Oirector Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  Oirector Name  Street Address  City  State  Zip  City  State  Zip  City  State  Zip  City  State  Zip  Oirector Name  Street Address  City  State  Zip  City  State	4. NAICS Code	6. Brief descri	ption of the charact	er of business cond	ucted in Rhode Is	sland	<u> </u>			
President Name   Gabriel Abella   Street Address   Check the box to indicate an attachment   President Name   Gabriel Abella   Vice-President Name   Street Address	541612	Staffing, H	Staffing, Human resources consulting							
7. List ALL officers (names and addresses)  Chock the box to indicate an attachment  Prosident Name  Gabriel Abella  Street Address  111 West St.  City West Warwick  Secretary Name  Street Address  Street Address  Street Address  Street Address  City State Zip City State Zip City State Zip  Director Name  Director Name  Street Address  Street Address  City State Zip City State Zip  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  City State Zip City State Zip  Director Name  Street Address  Street Address  Street Address  City State Zip  Director Name  Street Address  City State Zip  Director Name  Street Address  City State Zip  City State Zip  Director Name  Street Address  City State Zip  City State Zip  City State Zip  City State Zip  This information is currently of record in the Department of State.  Changes require an additional filling.  10. Shares Issued Check the box to indicate an attachment [Incomplete Incomplete Incom	5. State of Incorporation	services	services							
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City West Warwick  Secretary Name  Street Address  City State  Zip City State	Gabriei Ab			Vice-President Name						
City West Warwick  Secretary Name  Street Address  City State  Zip City State	Street Address 111 West S		Street Address							
Street Address  City State Zip City State Zip  8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name  Street Address  City State Zip  City State Zip  City State Zip  Other Address  City State Zip  9 Shares Authorized Check the box to indicate an attachment of the box to indicate an attachment of the comparation of State.  Changes require an additional filling.  10. Shares Issued Check the box to indicate an attachment of the comparation of State.  Changes require an additional filling.  11. This report must be executed on behalf of the corporation by an authonized 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  Cabriel Abella  Signature of Authorized Representative		State	<sup>Zip</sup> 02893	City		State Z <sub>I</sub> p				
Street Address  City State Zip City State Zip  Director Name  Street Address  City State Zip City State Zip  Director Name  Director Name  Director Name  Street Address  City State Zip City State Zip  Director Name  Director Name  Director Name  Street Address  City State Zip City State Zip  Other Address  City State Zip  10. Shares Authorized  This information is currently of record in the Department of State.  Changes require an additional filling.  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.  Date  Gabriel Abella  Signature of Authorized Representative				Treasurer Name						
8. List ALL directors (names and addresses)  Check the box to indicate an attachment Director Name  Street Address  City  State  Zip  Concept Address  Check the box to indicate an attachment of the box to indicate an attachment of the box to indicate an attachment of the box attachment 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 6/15/2023	Street Address			Street Address						
Director Name    Director Name	City	State	Zip	City		State	Zıp			
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Signature of Authorized Representative  FILED						6/15/202	23			
	Signature of Authorized Repre	esentative		FILED						

**Division of Business Services** 

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

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