



State of Rhode Island
Department of State - Business Services Division

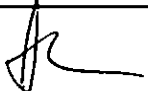
Annual Report for the year: 2022

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUSINESS DIV.

2023 JUL 14 P 2:05

1. Entity ID Number 000511409		2. Exact name of the Corporation Motabella Enterprises Inc.			
3. Principal Office Address 14120 Patriot Way			City West Greenwich	State RI	Zip 02817
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island BUSINESS, PROPERTY AND FINANCIAL MARKETING MANAGEMENT SERVICES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Gabriel Abella			Vice-President Name		
Street Address 14120 Patriot Way			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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 <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		950,000		0.01	
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 Gabriel Abella				Date 6/15/2023	
Signature of Authorized Representative 				FILED JUL 14 2023 BY ZWVZS AA 2:00pm	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov