



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

**Annual Report for the year: 2024**

**Corporation**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

**FILED**

**FEB 15 2024**

BY *[Signature]*

1. Entity ID Number <b>92722</b>		2. Exact name of the Corporation <b>GABRIEL'S TIGER MART, INC.</b>	
3. Principal Office Address <b>69 TAUNTON AVENUE</b>		City <b>EAST PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02914</b>	
4. NAICS Code <b>447110</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO OPERATE A GASOLINE AND AUTOMOTIVE SERVICE STATION AND CONVENIENCE STORE</b>		
5. State of Incorporation <b>RHODE ISLAND</b>			
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>GABRIEL PACHECO</b>		Vice-President Name <b>MARY LOU PACHECO</b>	
Street Address <b>69 TAUNTON AVENUE</b>		Street Address <b>69 TAUNTON AVENUE</b>	
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>
Zip <b>02914</b>		Zip <b>02914</b>	
Secretary Name <b>GABRIEL PACHECO</b>		Treasurer Name <b>MARY LOU PACHECO</b>	
Street Address <b>69 TAUNTON AVENUE</b>		Street Address <b>69 TAUNTON AVENUE</b>	
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>
Zip <b>02914</b>		Zip <b>02914</b>	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>	
This Information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<b>100</b>	<b>COMMON</b>
			<b>\$0.00</b>
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. <b>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.</b>			
Name of Authorized Representative <b>GABRIEL PACHECO</b>			Date <b>2/8/2024</b>
Signature of Authorized Representative <i>[Signature]</i>			