



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 92722	2. Exact name of the Corporation GABRIEL'S TIGER MART, INC.
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3. Principal Office Address 69 TAUNTON AVENUE	City EAST PROVIDENCE	State RI	Zip 02914
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4. NAICS Code 447110	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <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.	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 GABRIEL PACHECO	Date 2/8/2024
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Signature of Authorized Representative <i>[Signature]</i>
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