



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.

REC'D RI SOS BSI
25 FEB 13 PM 4:07:10

1. Entity ID Number 797108		2. Exact name of the Corporation GABI TRANSPORTATION INC										
3. Principal Office Address 12 BELAIRE DRIVE				City JOHNSTON		State RI	Zip 02919					
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION										
5. State of Incorporation RI												
7. List ALL officers (names and addresses)							Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILDER CORTEZ				Vice-President Name								
Street Address 12 BELAIRE DRIVE				Street Address								
City JOHNSTON		State RI	Zip 02919	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								
This information is currently of record in the Department of State. Changes require an additional filing.				Check the box to indicate an attachment <input type="checkbox"/>								
				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">NUMBER OF SHARES</th> <th style="width:40%;">CLASS/SERIES</th> <th style="width:20%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td></td> <td>1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
1,000		1.00										
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 WILDER CORTEZ						Date FEB 13 2025 2-13-25						
Signature of Authorized Representative <i>Wilder Cortez</i>						BY <i>WWJET</i> 408 KG						