



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

STAMP

Annual Report for the year: 2018  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>792524</b>		2. Exact name of the Corporation <b>Gabriel's Restaurant, Inc.</b>			
3. Principal Office Address <b>39 Phenix Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode island <b>Restaurant.</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 J. Ferri, Sr.</b>			Vice-President Name <b>Cheriann Ferri</b>		
Street Address <b>38 Apple House Drive</b>			Street Address <b>38 Apple House Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Secretary Name <b>Cheriann Ferri</b>			Treasurer Name <b>Gabriel J. Ferri, Sr.</b>		
Street Address <b>38 Apple House Drive</b>			Street Address <b>38 Apple House Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</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 <b>Gabriel J. Ferri, Sr.</b>			Director Name <b>Cheriann Ferri</b>		
Street Address <b>38 Apple House Drive</b>			Street Address <b>38 Apple House Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<b>500</b>		<b>NONE</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 J. Ferri, Sr., President</b>				Date <b>2/10/18</b>	
Signature of Authorized Representative <i>Gabriel J. Ferri</i>				SIGNATURE HERE <b>FILED</b> <b>FEB 22 2018</b> <b>2581</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov