



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

Annual Report for the year: 2023
Corporation

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BUS SVCS DIV

2023 MAY 17 AM 11:46

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

1. Entity ID Number 001703070		2. Exact name of the Corporation Gabb Wireless, Inc.			
3. Principal Office Address 4101 N. THANKSGIVING WAY #300			City LEHI	State UT	Zip 84043
4. NAICS Code 517911		6. Brief description of the character of business conducted in Rhode Island TELECOMMUNICATIONS			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STEPHEN DALBY			Vice-President Name		
Street Address 3101 PARK BOULEVARD			Street Address		
City PALO ALTO	State CA	Zip 94306	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 STEPHEN DALBY			Director Name Greg Cole		
Street Address 3101 PARK BOULEVARD			Street Address 740 Eagle View Dr		
City PALO ALTO	State CA	Zip 94306	City Providence	State UT	Zip 84332
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
		86,000,000	CWP	\$0.00001	
		31,559,765	PWP	\$0.00001	
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 Kamau Sankofa				Date 4/26/2023	
Signature of Authorized Representative <i>Kamau Sankofa</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAY 17 2023

BY PZ BOT
A.A.

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