



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 101006		2. Exact name of the limited liability company VIMAR, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE TRANSACTIONS.	
5. Principal office address 37 GLENDAWAY DR		City NARRAGANSETT	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name MARIA D. PEDRO		Contact Title MANAGER	
Street Address 37 GLENDAWAY DR		City NARRAGANSETT	State RI
		Zip 02882	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name VICTOR M. PEDRO		Manager Name MARIA D. PEDRO	
Street Address 37 GLENDAWAY DR		Street Address 37 GLENDAWAY DR	
City NARRAG.	State RI	Zip 02882	City NARRAG.
			State RI
			Zip 02882
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name MARIA D. PEDRO		Address	
Address 37 GLENDAWAY DRIVE		City NARRAGANSETT	Zip 02882-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	12-31-07
Check No.	A 11484 P 11634
By:	MDC
FOR SECRETARY OF STATE USE ONLY	

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.

MARIA D. PEDRO 10-11-07
Signature of Authorized Person Date
MARIA D. PEDRO
Print or Type Name of Authorized Person