



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 78251		2. Name of Corporation VACATION RESORTS INTERNATIONAL			
3. Street Address Principal Business Office 23041 AVENIDA DE LA CARLOTA, SUITE 400			City LAGUNA HILLS	State CA	Zip 92653
4. Business Phone No. 949-587-2299		5. State of Incorporation CALIFORNIA			
6. Brief Description of the Character of Business Conducted in Rhode Island PROFESSIONAL PROPERTY MANAGEMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LOREN GALLAGHER			Vice President Name		
Street Address 23041 AVENIDA DE LA CARLOTA, SUITE 400			Street Address		
City LAGUNA HILLS	State CA	Zip 92653	City	State	Zip
Secretary Name JUANITA PRESLEY			Treasurer Name JUANITA PRESLEY		
Street Address 23041 AVENIDA DE LA CARLOTA, SUITE 400			Street Address 23041 AVENIDA DE LA CARLOTA, SUITE 400		
City LAGUNA HILLS	State CA	Zip 92653	City LAGUNA HILLS	State CA	Zip 92653
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROY FRASER			Director Name		
Street Address 23041 AVENIDA DE LA CARLOTA, SUITE 400			Street Address		
City LAGUNA HILLS	State CA	Zip 92653	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			1000	COMMON	

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.

File Date	FILED
Check No.	AUG 24 2009
By:	15060
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.

Signature
Date 8-20-2009
JUANITA PRESLEY
Print or Type Name
SECRETARY
Title