



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

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

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. 272557		2. Exact name of the limited liability company Vieira Investment Properties, LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Purchase Real Estate			
5. Principal office address 14 Wakefield Street		City West Warwick		State RI	Zip 02893
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Paul S. Vieira		Contact Title President			
Street Address 14 Wakefield Street		City West Warwick		State RI	Zip 02893
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) ☐					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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 Paul S. Vieira		Address 14 Wakefield Street			
Address		City West Warwick		Zip 02893	

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

272557

FILED	
File Date	OCT 01 2009
Check No.	By 110
By:	
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.

Paul S. Vieira 9-22-09
Signature of Authorized Person Date
Paul S. Vieira
Print or Type Name of Authorized Person