



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 148940		2. Exact name of the Corporation VR OPERATIONS, INC.			
3. Principal office address 110 Waterman Street		City Providence		State RI	Zip 02906
4. Business Phone No. 401-331-5282		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Restaurant					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ekapoom Mera			Vice-President Name None		
Street Address 97 Reservoir Avenue			Street Address		
City Swansea	State MA	Zip 02777	City	State	Zip
Secretary Name None			Treasurer Name Kotchakorn Wirassamee		
Street Address			Street Address 720 Fall River Avenue		
City	State	Zip	City Seekonk	State MA	Zip 02771
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Ekapoom Mera			Director Name		
Street Address 97 Reservoir Avenue			Street Address		
City Swansea	State MA	Zip 02777	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) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	None

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

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAR 13 2013

BY *[Signature]*

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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.

K. Wirassamee

2/20/13

Signature of Authorized Representative

Date

KOTCHAKORN WIRASSAMEE

Print or Type Name of Authorized Representative