RI SOS Filing Number: 201730677450 Date: 01/23/2017 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
69091	VINHATEIRO PROPERTIES, INC.

3. Principal Office Address	City	State	Zip
78 READ STREET	EAST PROVIDENCE	RI	02915

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental and	PURCHASE AND SELL, EXCHANGE, RENT, LEASE, OWN AND INVEST IN REAL ESTATE
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: FREDERICK A VINHATEIRO	Vice-President Name: PATRICIA A. VINHATEIRO
Street Address: 78 READ STREET	Street Address: 78 READ STREET
City: EAST PROVIDENCE State: RI Zip: 02915	City: EAST PROVIDENCE State: RI Zip: 02915
Secretary Name: PATRICIA A. VINHATEIRO	Treasurer Name: FREDERICK A VINHATEIRO
Street Address: 78 READ STREET	Street Address: 78 READ STREET
City: EAST PROVIDENCE State: RI Zip: 02915	City: EAST PROVIDENCE State: RI Zip: 02915

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE	Director Name
Street Address	Street Address
City State Zip	City State Zip
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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	COMMON	NO PAR
Changes require an additional filing.			

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	Date
FREDERICK A VINHATEIRO	1/16/17

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
JAN 23 2017
BY 4602 DS

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

02915-33-1155187

FORM 630 - Revised: 10/2016