



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<br><b>69091</b>  |   | 2. Exact name of the Corporation<br><b>VINHATEIRO PROPERTIES, INC.</b>  |                                 |                            |
| 3. Principal Office Address<br><b>78 READ STREET</b>   |   | City<br><b>EAST PROVIDENCE</b>  | State<br><b>RI</b>              | Zip<br><b>02915</b>        |
| 4. NAICS Code<br><b>53 - Real Estate and Rental and</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>PURCHASE AND SELL, EXCHANGE, RENT, LEASE, OWN AND INVEST IN REAL ESTATE</b> |   |                                 |                            |
| 5. State of Incorporation<br><b>Rhode Island</b>   |   |   |                                 |                            |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |                                 |                            |
| President Name<br><b>FREDERICK A VINHATEIRO</b>  |   | Vice-President Name<br><b>PATRICIA A. VINHATEIRO</b>  |                                 |                            |
| Street Address<br><b>78 READ STREET</b>  |   | Street Address<br><b>78 READ STREET</b>   |                                 |                            |
| City<br><b>EAST PROVIDENCE</b>   | State<br><b>RI</b>  | Zip<br><b>02915</b>   | City<br><b>EAST PROVIDENCE</b>  | State<br><b>RI</b>         |
| Secretary Name<br><b>PATRICIA A. VINHATEIRO</b>  |   | Treasurer Name<br><b>FREDERICK A VINHATEIRO</b>   |                                 |                            |
| Street Address<br><b>78 READ STREET</b>  |   | Street Address<br><b>78 READ STREET</b>   |                                 |                            |
| City<br><b>EAST PROVIDENCE</b>   | State<br><b>RI</b>  | Zip<br><b>02915</b>   | City<br><b>EAST PROVIDENCE</b>  | State<br><b>RI</b>         |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                                 |                            |
| Director Name<br><b>NONE</b>   |   | Director Name   |                                 |                            |
| Street Address   |   | Street Address  |                                 |                            |
| City   | State   | Zip   | City                            | State                      |
| Director Name  |   | Director Name   |                                 |                            |
| Street Address   |   | Street Address  |                                 |                            |
| City   | State   | Zip   | City                            | State                      |
| 9. Shares Authorized   |   |   |                                 |                            |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                                 |                            |
|  |   | NUMBER OF SHARES<br><b>100</b>  | CLASS/SERIES<br><b>COMMON</b>   | PAR VALUE<br><b>NO PAR</b> |
| 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.<br><b>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.</b> |   |   |                                 |                            |
| Name of Authorized Representative<br><b>FREDERICK A VINHATEIRO</b>   |   |   | Date<br><b>1/16/17</b>          |                            |
| Signature of Authorized Representative<br>   |   |   | SIGN DOCUMENT HERE <b>FILED</b> |                            |

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

**FILED**  
JAN 23 2017  
BY **4602 DS**