



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 <u>13790</u>		2. Exact name of the Corporation <u>V.J.M. INC.</u>	
3. Principal Office Address <u>22 RUGGERI CIRCLE</u>		City <u>CRANSTON</u>	State <u>RI</u>
		Zip <u>02920</u>	
4. Business Phone Number <u>401-944-1030</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>VINCENT J. MARANDOLA</u>		Vice-President Name <u>GERALDINE MARANDOLA</u>	
Street Address <u>22 RUGGERI CIRCLE</u>		Street Address <u>22 RUGGERI CIRCLE</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
Secretary Name <u>LORI DIAS</u>		Treasurer Name <u>VINCENT J. MARANDOLA</u>	
Street Address <u>107 SUNDALE RD.</u>		Street Address <u>22 RUGGERI CIRCLE</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>VINCENT J. MARANDOLA</u>		Director Name <u>LORI DIAS</u>	
Street Address <u>22 RUGGERI CIRCLE</u>		Street Address <u>107 SUNDALE RD.</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>CRANSTON</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>100</u>	<u>COMMON</u>
			<u>NO PAR</u>
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 <u>VINCENT J. MARANDOLA</u>		Date <u>2-9-17</u>	
Signature of Authorized Representative <u>[Signature]</u> SIGN DOCUMENT HERE			

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

FEB 15 2017

BY

465 DS