



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 <b>13790</b>		2. Exact name of the Corporation <b>V.J.M. INC.</b>		
3. Principal Office Address <b>22 RUGGERI CIRCLE</b>		City <b>CRAWSTON</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone Number <b>401-944-1030</b>		5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE</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 <b>VINCENT J. MARANDOLA</b>		Vice-President Name <b>GERALDINE MARANDOLA</b>		
Street Address <b>22 RUGGERI CIRCLE</b>		Street Address <b>22 RUGGERI CIRCLE</b>		
City <b>CRAWSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRAWSTON</b>	State <b>RI</b>
Secretary Name <b>LORI DIAS</b>		Treasurer Name <b>VINCENT J. MARANDOLA</b>		
Street Address <b>107 SUNDALE RD.</b>		Street Address <b>22 RUGGERI CIRCLE</b>		
City <b>CRAWSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRAWSTON</b>	State <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 <b>VINCENT J. MARANDOLA</b>		Director Name <b>LORI DIAS</b>		
Street Address <b>22 RUGGERI CIRCLE</b>		Street Address <b>107 SUNDALE RD.</b>		
City <b>CRAWSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRAWSTON</b>	State <b>RI</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<b>100</b>	<b>COMMON</b>	<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. <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 <b>VINCENT J. MARANDOLA</b>			Date <b>2-9-17</b>	
Signature of Authorized Representative  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**  
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