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State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2014**  
**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>000101201</b>		2. Exact name of the Corporation <b>VIJOTAR, INC.</b>			
3. Principal Office Address <b>20 Bainbridge Avenue</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02909</b>
4. Business Phone Number			5. State of Incorporation <b>Rhode Island</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 Jabour</b>			Vice-President Name <b>Adele T. Jabour</b>		
Street Address <b>20 Bainbridge Avenue</b>			Street Address <b>20 Bainbridge Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Secretary Name <b>Adele T. Jabour</b>			Treasurer Name <b>Adele T. Jabour</b>		
Street Address <b>20 Bainbridge Avenue</b>			Street Address <b>20 Bainbridge Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</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 Jabour</b>			Director Name <b>Adele T. Jabour</b>		
Street Address <b>20 Bainbridge Avenue</b>			Street Address <b>20 Bainbridge Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</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	
		1,000	common stock	no par value	
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>Adele T. Jabour</b>				Date <b>2-24-17</b>	
Signature of Authorized Representative <i>Adele T. Jabour</i>		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

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BY *[Signature]* 309769