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 BUS. SVCS. DIV.  
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State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2013**  
**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
		<b>1,000</b>		<b>common stock</b>	<b>no par value</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>Adele T. Jabour</b>				Date <b>2-24-17</b>	
Signature of Authorized Representative <i>Adele T. Jabour</i>			SIGN DOCUMENT HERE		

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 BY 020309769

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