RI SOS Filing Number: 201748201410 Date: 8/4/2017 2:44:00 PM

State of Phodo Jole	ad and Dravidage	. Dia-	A-4:					2017	_=
State of Rhode Islan Department o				e Division				7 AUG	(T)
HOPE	S DIVISION				and the second s	Sign			
Annual Report for th					- 	(n)			
Corporation					2	1/2			
→ Filing period: January → Filing Fee: \$50.00						2			
→ Penalty: Additional \$25	5.00 fee if form is	not fi	led by April 1					က 25	•
				•				<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	
Entity ID Number	2. Exact name o	f the	Corporation					·	
000101201	VIJOTAR, INC) .							
3. Principal Office Address				City	***************************************	State		Zip	
20 Bainbridge Avenue				Providence R				02909	
4. Business Phone Number		5. State of	ncorporation	<u> </u>			_		
		Rhode Is	land						
6. Brief description of the cha	racter of business	cond	ucted in Rhoc	le Island					
Real Estate									-
7. List ALL officers (names and addresses)				Check the box to indicate an attachment					
President Name Vincent Jabour				Vice-President Name Adele T. Jabour					
Street Address 20 Bainbridge Avenue				Street Addres	Street Address 20 Bainbridge Avenue				
City Providence	State RI	Z	^{ip} 02909	City Provid		State			
Secretary Name Adele T. Jak			Treasurer Name Adele T. Jabour				 ,		
Street Address 20 Bainbridge Avenue				Street Address 20 Bainbridge Avenue					
City Providence		Zip 0:	2909	City Provid		State		^{Zip} 02909	
8. List ALL directors (names a	and addresses)					Check the box to	indicate		
Director Name Vincent Jabo				Director Nam	e Adele T. Ja	bour			
Street Address 20 Bainbridge	e Avenue			Street Addres	³⁸ 20 Bainbrio	lge Avenue			
City Providence	State RI	Zip O	2909	City.	dence	State R		^{Zip} 02909	
9. Shares Authorized			10. Shares Is				the box to indicate an attachment		t∟
This information is currently of record in the			NUMBER OF SHARES		CLASS/SERIES		PAR VALUE		
Department of State.			1,000		commor	n stock	RI Zip 02909 RI Zip 02909 o indicate an attachmen RI Zip 02909 to indicate an attachmer PAR VALUE no par value is in the hands of a received.		
Changes require an additional t	filing.	Ī							
11. This report must be execu-	ted on behalf of th	e con	noration by an	authorized re	nresentative If	the corporation	e in the h	ande of a roco	ivor
or trustee, this report must be	executed on beha	alf of t	he corporation	n by the receiv	er or trustee.				IVEI
Under penalty of perjury, i d	leclare and affirm	that	l have exami	ined this repo	ort, including a	ny accompanyi	ng sched	lules and	
statements, and that all stat Name of Authorized Represer	ntative	a ner	ein are true a	ina correct.		Date			
Adele T. Jabour							2-2	4-17	
Signature of Authorized Repre	esentative							, , ,	
aale J.	_	_	SIGN DOC	SUMENT H					
7	7				/ FII	ED.			
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AAU TO:				2.71	AUG -	4 2017			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 05/2016