State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2017 AUG -4 PM 2:32

Annual Report for the year: 2012

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	2. Exact name of the Corporation		
000101201	VIJOTAR, INC.		
3. Principal Office Address	City	State	Zip
20 Bainbridge Avenue	Providence	RI	02909
4. Business Phone Number	5. State of Incorporation		
	Rhode Island		

6. Brief description of the character of business conducted in Rhode 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 Address	20 Bainbridge Avenue	
City	Providence	State RI Zip 02909	City	Providence	State RI Zip 02909
Secretary Name	Adele T. Jabour		Treasurer Name	Adele T. Jabour	
Street Address	20 Bainbridge Avenue		Street Address	20 Bainbridge Avenue	
City	Providence	State RI Zip 02909	City	Providence	State RI Zip 02909

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Vincent Jabour		Director Name	Adele T. Jabour	
Street Address	20 Bainbridge Avenue		Street Address	20 Bainbridge Avenue	
City	Providence	State RI Zip 02909	City	Providence	State RI Zip 02909

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

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.

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	Date
Adele T. Jabour	2-24-17

Signature of Authorized Representative

Adele T. Jabour SIGN DOCUMENT HERE

2:44 **FILED**
AUG - 4 2017
BY 309769

MAIL TO:
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