



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2007

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number 000101201		2. Exact name of the Corporation VIJOTAR, INC.												
3. Principal Office Address 20 Bainbridge Avenue			City Providence	State RI	Zip 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 <input type="checkbox"/>														
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 <input type="checkbox"/>														
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>common stock</td> <td>no par value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	common stock	no par value			
		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 Adele T. Jabour				Date 2-24-17										
Signature of Authorized Representative <i>Adele T. Jabour</i> 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

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 BY *gpb 309769*