



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

Annual Report for the year: 2002

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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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 AUG - 4 PM 2 31

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.		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. <i>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.</i>					
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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