



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

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

Annual Report for the year: 2001
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 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. 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

FILED

2:33

AUG - 4 2017

BY *[Signature]* 309769