



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

Annual Report for the year: 2018
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 000201696		2. Exact name of the Corporation VAM REALTY, INC.				
3. Principal Office Address 20 PLEASANT STREET		City CUMBERLAND	State RI	Zip 02864		
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island GENERAL AUTO REPAIR				
5. State of Incorporation RHODE ISLAND						
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
President Name VICTOR ANTONIO			Vice-President Name VICTOR ANTONIO			
Street Address 26 BRYANT STREET			Street Address 26 BRYANT STREET			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864	
Secretary Name MARIO AMARAL			Treasurer Name VICTOR ANTONIO			
Street Address 126 BROAD STREET			Street Address 26 BRYANT STREET			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name VICTOR ANTONIO			Director Name			
Street Address 26 BRYANT STREET			Street Address			
City CUMBERLAND	State RI	Zip 02864	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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 <input type="checkbox"/>				
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
		100		COMMON		NO PAR
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 VICTOR ANTONIO					Date 1/30/18	
Signature of Authorized Representative 						

SIGN DOCUMENT HERE

FILED

FEB 16 2018

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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov