



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 07 2023

BY 7244 OS

1. Entity ID Number 69091		2. Exact name of the Corporation VINHATEIRO PROPERTIES, INC.			
3. Principal Office Address 78 READ STREET		City EAST PROVIDENCE		State RI	Zip 02915
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island PURCHASE AND SELL, EXCHANGE, RENT, LEASE, OWN AND INVEST REAL ESTATE				
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 FREDERICK A. VINHATEIRO			Vice-President Name FREDERICK A. VINHATEIRO		
Street Address 78 READ STREET			Street Address 78 READ STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
Secretary Name FREDERICK A. VINHATEIRO			Treasurer Name FREDERICK A. VINHATEIRO		
Street Address 78 READ STREET			Street Address 78 READ STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City EAST PROVIDENCE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued			
		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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. 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 4/4/23	
Signature of Authorized Representative					