



State of Rhode Island
Department of State - Business Services Division

APR 11 2024 5:20 P

Annual Report for the year: 2024
Corporation

914

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>13790</u>		2. Exact name of the Corporation <u>V. J. M. INC.</u>			
3. Principal Office Address <u>22 RUGGIERI CIRCLE</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
4. NAICS Code <u>531110</u>		6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>VINCENT J. MARANDOLA</u>		Vice-President Name <u>GERARDINE MARANDOLA</u>			
Street Address <u>22 RUGGIERI CIRCLE</u>		Street Address <u>22 RUGGIERI CIRCLE</u>			
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
Secretary Name <u>GERARDINE MARANDOLA</u>		Treasurer Name <u>VINCENT J. MARANDOLA</u>			
Street Address <u>22 RUGGIERI CIRCLE</u>		Street Address <u>22 RUGGIERI CIRCLE</u>			
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>VINCENT J. MARANDOLA</u>		Director Name <u>LORLA DIAS</u>			
Street Address <u>22 RUGGIERI CIRCLE</u>		Street Address <u>107 SUNDALE RD</u>			
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
Director Name <u>GERARDINE MARANDOLA</u>		Director Name			
Street Address <u>22 RUGGIERI CIRCLE</u>		Street Address			
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip
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
		<u>100</u>		<u>COMMON</u>	<u>NO PAR</u>
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 <u>VINCENT J. MARANDOLA</u>				Date <u>4-3-24</u>	
Signature of Authorized Representative <u>VJM PRES.</u>					

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