*• RI SOS Filing Number: 202454557950 Date: 5/3/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Div					ivision MAY 0 3 2024			
Annual Report for the year: 2024								
Corporation					[Ų	7/14	M	
Filing period: February 1 - May 1					Ψ	110		
→ Filing Fee: \$50								
→ Penalty: Addition				<u>.</u>				
	1. Entity ID Number 2. Exact name of the Corporation VINHATEIRO PROPERTIES, INC.							
69091		VINHATE	אט אאטאו	בתוובס,	, INC.			
3. Principal Office Add	ress	_		City		State	Zip	
78 READ STREET				EAST	PROVIDENCE	RI	02915	
		Deinf des == == 1	n of the characte	or of business	s conducted in Phode let	and		
4, NAICS Code		6. Brief description of the character of business conducted in Rhode Island PURCHASE AND SELL, EXCHANGE, RENT, LEASE, OWN AND INVEST						
531390 PURCHASE AND SELL, EXCHANGE, RENT						_,,	,	
5. State of Incorporation								
RHODE ISLAND								
7 Liet All off/	mac and added	ecec)	<u> </u>	 	Check the box	to indicate	an attachment	
7. List ALL officers (names and addresses) President Name FREDERICK A VINHATEIRO					Vice-President Name FREDERICK A VINHATEIRO			
FREDERICK A VINHATEIRO				T NEDLINGKA VINIATEIRO				
Street Address 78 READ STREET				Street Address 78 READ STREET				
City EAST PROVI	DENCE	State RI	^{Z_{IP}} 02915	City EAS	T PROVIDENCE	State RI	^Z p 02915	
Secretary Name FREDERICK A VINHATEIRO				Treasurer Name FREDERICK A VINHATEIRO				
FREI	DERICK A	VINHATEIR	U		- FREDERICK A	KUNUN		
Street Address 78 READ STREET				Street Address 78 READ STREET				
City EAST PROVI	DENCE	State RI	^{Zip} 02915	City EAS	T PROVIDENCE	State RI	^Z 02915	
8. List ALL directors (names and addresses)				Check the box to indicate an attachment				
Director Name				Director Name				
Street Address				Strect Address				
City		State	Zıp	City		State	Zip	
City	ľ	- w.c	-"	[""				
Director Name			<u> </u>	Director Na	ime			
_								
Street Address				Street Address				
City	<u> </u>	State	Zıp	City		State	Zip	
1 ,				<u> </u>				
5: Chares radiones			10. Shares Issu					
This information is currently of record in the					CLASS/SERIFS			
Department of State.			100		COMMON		O PAR	
Changes require an additional filing.								
44 90 1		h-h-16 of th	maration by an a	uthorized res	resentative. If the corner	ation is in t	he hands of a re-	
 This report must be ceiver or trustee, this 	e executed on	penair of the col	poration by an a half of the corner	ation by the	presentative. If the corpor receiver or trustee.	GUOTI IS II I U		
Under penalty of ner	riury, i declare	and affirm that	I have examine	d this repor	t, including any accom	panying so	hedules and	
statements, and that	t all statement	ts contained he	rein are true and	d correct				
Name of Authorized Representative						Date		
FREDERICK A VINHATEIRO							12/24	

MAIL TO:

Division of Business Services

Signature of Authorized Pepresentative

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov