



State of Rhode Island
Department of State - Business Services Division

MAY 03 2024

6770 or

Annual Report for the year: 2024

Corporation

- 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 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			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		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/SLRIFS	PAR VALU
		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.					
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 FREDERICK A VINHATEIRO					Date 4/22/24
Signature of Authorized Representative <i>Fredrick A Vinhateiro</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov