State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 08 2025
BY 7595

1. Entity ID Number	2. Exact name of the Corporation			
69091	VINHATEIRO PROPERTIES, INC.			
3. Principal Office Address		City	State	Zip
78 READ STREET		EAST PROVIDENCE	RI	02915
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	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 ☐

President Name: FREDERICK A VINHATEIRO			Vice-President Name: PATRICIA 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: PATRICIA 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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
FREDERICK A VINHATEIRO	4/2/25

Signature of Authorized Representative: Frederick A. Vinhateiro

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

FORM 630- Revised: 12/2023