



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 112646		2. Name of Corporation MONTIGNY ENTERPRISES, INC.			
3. Street Address Principal Business Office 59 Main Street			City Albion	State RI	Zip 02802
4. Business Phone No. 333-1240		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island real estate development and management					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Roland Montigny			Vice President Name None		
Street Address 59 Main Street			Street Address		
City Albion	State RI	Zip 02802	City	State	Zip
Secretary Name Blanche Montigny			Treasurer Name Blanche Montigny		
Street Address 59 Main Street			Street Address 59 Main Street		
City Albion	State RI	Zip 02802	City Albion	State RI	Zip 02802
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	common	\$1.00 par value	50	common	\$1.00

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.

Blanche Montigny 1-23-08
Signature Date

Blanche Montigny

Print or Type Name

Secretary

Title

File Date	FILED
Check No.	JAN 28 2008
By:	DS 3591
FOR SECRETARY OF STATE USE ONLY	