

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

[| LOGOUT |](#)**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1



Help with this form

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013**1. ID No.** 000127689**2. Exact Name of the Limited Liability Company** MONGEON REALTY, LLC**3. State of Formation**State: RI**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

REAL ESTATE

FILED

SEP 18 2013

By MNC
CA # 1234**5. Principal Office Address**No. and Street: 55 CLARKSON STREETCity or Town: PROVIDENCEState: RIZip: 02908Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**Contact Name: ED MongeonContact Title: MANAGERNo. and Street: 90 BERTHA STREETCity or Town: WOONSOCKETState: RIZip: 02895Country: USA**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

DO NOT LIST MEMBERS

First Name: Middle Name: Last Name: Suffix:
Address: City: State: Zip: Country:

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ARAM P. JARRET, JR. ESQ. 176 EDDIE DOWLING HIGHWAY NORTH SMITHFIELD , RI 02896-

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: ED Mongeon

Business Name: Mongeon Realty LLC

No. and Street: 55 CLARKSON ST

- Same Address as -

City or Town: PROV

State: RI

Zip: 02908

Country:

Contact Phone: 274-7900 ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 17 Day of September, 2013 at 8:08:27 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By Edward Mongeon
Signature of Authorized Person

FILED

SEP 18 2013

By MNC
By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

☒ Accept

☐ Decline

[Click HERE to Submit This Information](#)