



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>12114</b>		2. Exact name of the Corporation <b>MONTAUP REALTY COMPANY</b>			
3. Principal office address <b>500 ANTHONY ROAD</b>			City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
4. Business Phone No. <b>401-683-0955</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>REAL ESTATE RENTAL TO RELATED PARTY</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>WILLIAM ENOS</b>			Vice-President Name <b>JAMES LENAGHAN</b>		
Street Address <b>PO BOX 50</b>			Street Address <b>14 CHRISTOPHER CIRCLE</b>		
City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>WESTPORT</b>	State <b>MA</b>	Zip <b>02790</b>
Secretary Name <b>HARRY POWERS</b>			Treasurer Name <b>RUSSELL WILCOX</b>		
Street Address <b>164 HARRISON ST</b>			Street Address <b>575 FISH ROAD</b>		
City <b>SOMERSET</b>	State <b>MA</b>	Zip <b>02726</b>	City <b>TIVERTON</b>	State <b>RI</b>	Zip <b>02878</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>WARREN ROGERS</b>			Director Name <b>JOSEPH MCKEEMAN</b>		
Street Address <b>18 WHITTIER ST</b>			Street Address <b>MACOMBER LANE</b>		
City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02724</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			660	COMMON	NO PAR

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.

File Date \_\_\_\_\_  
Check No \_\_\_\_\_  
By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

**FEB 18 2014**

Form No. 630  
Revised: 01/2012

By 367

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.

*Russell Wilcox*  
Signature of Authorized Representative

**02/14/2014**  
Date

**RUSSELL WILCOX, TREASURER**

Print or Type Name of Authorized Representative