



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

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 **02/14/2014**
 Signature of Authorized Representative Date
RUSSELL WILCOX, TREASURER
 Print or Type Name of Authorized Representative