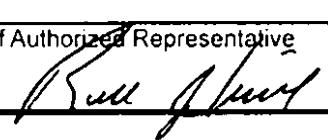




Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 12114		2. Exact name of the Corporation MONTAUP REALTY COMPANY			
3. Principal Office Address 500 ANTHONY RD		City PORTSMOUTH		State RI	Zip 02871
4. NAICS Code 531100	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE RENTAL				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name WILLIAM ENOS			Vice-President Name WARREN ROGERS		
Street Address PO BOX 50			Street Address 18 WHITTIER ST		
City TIVERTON	State RI	Zip 02878	City FALL RIVER	State MA	Zip 02724
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) Check the box to indicate an attachment ☐					
Director Name JOSEPH MCKEEMAN			Director Name EDWARD SOMONETTI		
Street Address MACOMBER LANE			Street Address 1102 FAIRWAY DRIVE		
City PORTSMOUTH	State RI	Zip 02871	City MIDDLETOWN	State RI	Zip 02842
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		660	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 RUSSELL WILCOX				Date 2/7/18	
Signature of Authorized Representative 					

FILED
FEB 13 2018