State of Rhode Island and Providence Plantations

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	2. Exact name of the Corporation
12114	MONTAUP REALTY COMPANY

3. Principal Office Address	City	State	Zip
500 ANTHONY RD	PORTSMOUTH	RI	02871

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531100	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	Street Address	City	State	Zip
WILLIAM ENOS	PO BOX 50	TIVERTON	RI	02878

Vice-President Name	Street Address	City	State	Zip
WARREN ROGERS	18 WHITTIER ST	FALL RIVER	MA	02724

Secretary Name	Street Address	City	State	Zip
HARRY POWERS	164 HARRISON ST	SOMERSET	MA	02726

Treasurer Name	Street Address	City	State	Zip
RUSSELL WILCOX	575 FISH ROAD	TIVERTON	RI	02878

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
JOSEPH MCKEEMAN	MACOMBER LANE	PORTSMOUTH	RI	02871

Director Name	Street Address	City	State	Zip
EDWARD SOMONETTI	1102 FAIRWAY DRIVE	MIDDLETOWN	RI	02842

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

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	Date
RUSSELL WILCOX	2/7/18

Signature of Authorized Representative: Russell Wilcox

SIGN DOCUMENT HERE

FILED

FEB 13 2018

BY 400

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017