RI SOS Filing Number: 201859319020 Date: 2/27/2018 4:00:00 PM

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.

RECEIVED
2018 FEB 27 10:30
SECRETARY OF STATE
CORPORATIONS

1. Entity ID Number	2. Exact name of the Corporation		
139333	Memon Properties, Inc.		
3. Principal Office Address	City	State	Zip
76 East Street	Pawtucket	RI	02860
4. NAICS Code: 531210	6. Brief description of the character of business conducted in Rhode Island: The purchase, sale, rental and lease of real estate and any other lawful business.		
5. State of Incorporation: Rhode Island			

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

President Name: Janu N. Memon			Vice-President Name: Noor J. Memon		
Street Address: 76 East Street			Street Address: 76 East Street		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Secretary Name: Noor J. Memon			Treasurer Name: Janu N. Memon		
Street Address: 76 East Street			Street Address: 76 East Street		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860

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

Director Name: Janu N. Memon			Director Name: Noor J. Memon		
Street Address: 76 East Street			Street Address: 76 East Street		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
100	Common	No Par Value

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: Janu N. Memon — Date: 2/16/18

Signature of Authorized Representative: Janu N. Memon

SIGN DOCUMENT HERE

FILED
FEB 27 2018
BY 325326

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: 10/2016