



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2010**  
**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  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 SEP 17 PM 1:57  
 02863-2011

1. Entity ID Number <b>153782</b>		2. Exact name of the Corporation <b>Tremont Associates II, Inc</b>			
3. Principal Office Address <b>26 Hood Street</b>			City <b>Central Falls</b>	State <b>RI</b>	02863-2011
4. NAICS Code <b>531110</b>	6. Brief description of the character of business conducted in Rhode Island <b>real estate holding and rental business</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Miriam C. Noury</b>		Vice-President Name <b>Miriam C. Noury</b>			
Street Address <b>26 Hood Street</b>		Street Address <b>26 Hood Street</b>			
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863-2011</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863-2011</b>
Secretary Name <b>Miriam C. Noury</b>		Treasurer Name <b>Miriam C. Noury</b>			
Street Address <b>26 hood Street</b>		Street Address <b>26 hood Street</b>			
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863-2011</b>	City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863-2011</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Miriam C. Noury</b>		Director Name			
Street Address <b>26 Hood Street</b>		Street Address			
City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863-2011</b>	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>600</b>			<b>\$0.01</b>
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. <i>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.</i>					
Name of Authorized Representative <b>Miriam C. Noury</b>				Date <b>1.30.18</b>	
Signature of Authorized Representative 		SIGN DOCUMENT HERE <b>FILED</b>			

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

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