



RI SOS Filing Number: 201877595970 Date: 9/17/2018 1:56:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2009**
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 1:55

1. Entity ID Number 153782		2. Exact name of the Corporation Tremont Associates II, Inc			
3. Principal Office Address 26 Hood Street		City Central Falls		State RI	Zip 02863-2011
4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island real estate holding and rental business				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Miriam C. Noury			Vice-President Name Miriam C. Noury		
Street Address 26 Hood Street			Street Address 26 Hood Street		
City Central Falls	State RI	Zip 02863-2011	City Central Falls	State RI	Zip 02863-2011
Secretary Name Miriam C. Noury			Treasurer Name Miriam C. Noury		
Street Address 26 hood Street			Street Address 26 hood Street		
City Central Falls	State RI	Zip 02863-2011	City Central Falls	State RI	Zip 02863-2011
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Miriam C. Noury			Director Name		
Street Address 26 Hood Street			Street Address		
City Central Falls	State RI	Zip 02863-2011	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Miriam C. Noury				Date 1-30-18	
Signature of Authorized Representative <i>Miriam C. Noury</i>				SIGN DOCUMENT HERE SEP 17 2018 FILED BY CBSROS 1:56	

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