



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2008**
Corporation

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SECRETARY OF STATE
CORPORATION SERVICES
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- 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 153782		2. Exact name of the Corporation Tremont Associates II, Inc			
3. Principal Office Address 26 Hood Street			City Central Falls		State RI
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	City Central Falls		State RI
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	City Central Falls		State RI
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	City		State
Director Name			Director Name		
Street Address			Street Address		
City		State	City		State
9. Shares Authorized 10. Shares Issued <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			600		PAR VALUE
					\$0.01
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 Miriam C. Noury				Date 1-30-18	
Signature of Authorized Representative <i>Miriam C. Noury</i>				SIGN DOCUMENT HERE FILED	

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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