



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

Annual Report for the year: 2019
Corporation

STAMP

- 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 90622		2. Exact name of the Corporation MONTELLA PROPERTIES, INC.	
3. Principal Office Address 3 Testa Circle		City Scituate	State RI
		Zip 02857	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island To purchase, sell, develop, repair, maintain, own, hold, rent, lease, mortgage or finance real estate		
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 Vincent A. Montella		Vice-President Name Vincent A. Montella	
Street Address 3 Testa Circle		Street Address 3 Testa Circle	
City Scituate	State RI	Zip 02857	City Scituate
			State RI
			Zip 02857
Secretary Name Vincent A. Montella		Treasurer Name Vincent A. Montella	
Street Address 3 Testa Circle		Street Address 3 Testa Circle	
City Scituate	State RI	Zip 02857	City Scituate
			State RI
			Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Vincent A. Montella		Director Name	
Street Address 3 Testa Circle		Street Address	
City Scituate	State RI	Zip 02857	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	
		100	common
			None
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 Vincent A. Montella, President			Date 1/28/19
Signature of Authorized Representative <i>Vincent A. Montella</i>			SIGN DOCUMENT HERE

FILED

FEB 06 2019

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