

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year: 2019

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

STAMP

2019 FEB -8 PM 3: 27

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00	) fee if form is no	ot filed by April 1.					
1. Entity ID Number		2. Exact name of the Corporation					
139335	Middle S	Middle Street Realty, Inc.					
3. Principal Office Address		-	City		State	Zip	
76 East Street			Pawtucket		RI	02860	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531110	The purcha	The purchase, sale, rental and leasing 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	<sup>Zip</sup> 02860	
Secretary Name Noor J. Memon			Treasurer Name Janu N. Memon				
Street Address 76 East Street			Street Address 76 East Street				
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	City Pawtucket		State RI	<sup>Z<sub>IP</sub></sup> 02860	
8. List ALL directors (names and	addresses)				the box to i	ndicate an attachment 🔲	
Director Name Janu N. Memon	Director Name Noon J. Memon						
Street Address 76 East Street	Street Address 76 East Street						
City Pawtucket	State RI	<sup>Zip</sup> 02860	Crty Pawtucket		State RI	<sup>Zip</sup> 02860	
Director Name	Director Name						
Street Address	Street Address						
City	State	Zıp	City		State	Zip	
9. Shares Authorized	·	10. Shares Iss			_	ndicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES 200		CLASS/SERIES Common		No Par Value	
Changes require an additional fili	ng.						
11. This report must be executed					oration is in t	the hands of a receiver or	
trustee, this report must be executed Under penalty of perjury, I dea statements, and that all states	lare and affirm	that I have examin	ed this report, i	ncluding any accon	npanying s	chedules and	
Name of Authorized Representa		Herem Bre abe al	TO CONTECT.		Date	!	
Janu N. Memon, President							
Signature of Authorized Represe		SIGN DO	CUMENT HERE	FILED	4		
TINOUIT	emor						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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