



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 SECRETARY OF STATE
 CORPORATIONS DIV

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1. Entity ID Number 139333		2. Exact name of the Corporation Memon Properties, Inc.			
3. Principal Office Address 76 East Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island To purchase, sale, rental and lease 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 <input type="checkbox"/>					
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	Zip 02860
Secretary Name Noor J. Memon			Treasurer Name Janu N. Memon		
Street Address 76 East Street			Street Address 76 East Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Janu N. Memon			Director Name Noor J. Memon		
Street Address 76 East Street			Street Address 76 East Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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
			200		Common
					PAR VALUE
					No 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 Janu N. Memon, President					Date 2/10/19.
Signature of Authorized Representative <i>Janu Memon</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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