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.						
Entity ID Number		2. Exact name of the Corporation						
12114	MONTAU	MONTAUP REALTY COMPANY						
3. Principal Office Address			City		State	Zip		
500 ANTHONY ROAD			PORTSMOUTH		RI	02871		
4. NAICS Code	<ol><li>Brief descri</li></ol>	Brief description of the character of business conducted in Rhode Island						
531100	REAL ESTA	REAL ESTATE RENTAL						
5. State of Incorporation								
RHODE ISLAND								
7. List ALL officers (names an		Check the box to indicate an attachment □						
President Name WILLIAM ENC	Vice-President Name WARREN ROGERS							
Street Address PO BOX 50	Street Address 18 WHITTIER ST							
City TIVERTON	State RI	Zip 02878	City FALL RIVER		State MA	State MA Zip 02724		
Secretary Name HARRY POWERS			Treasurer Name RUSSELL WILCOX					
Street Address 164 HARRISON ST			Street Address 575 FISH ROAD					
City SOMERSET	State MA	Z <sub>1</sub> ρ <b>02726</b>	City TIVERTON		State RI	State RI Zip 02878		
8. List ALL directors (names a	and addresses)			Ched	k the box to it	ndicate an attachment		
Director Name JOSEPH MCKEEMAN			Director Name EDWARD SOMONETTI					
Street Address MACOMBER L	Street Address 1102 FAIRWAY DRIVE							
City PORTSMOUTH	State RI	Zip 02871	City MIDDLETOWN		State RI	<sup>Zip</sup> 02842		
Director Name			Director Name					
Street Address	Street Address							
City	State	Zip	City		State	Zip		
			Shares Issued Check the box to indicate an attachment					
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SEF	<u>GES</u>	PAR VALUE		
Changes require an additional filing.		660		COMMON		NO PAR		
Changes require an additional	innig.							
11. This report must be executrustee, this report must be ex					poration is in t	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  Date								
Name of Authorized Representative  RUSSELL WILCOX						2/25/19		
Signature of Authorized Repr	esentative.	<del></del>	FIL	<del>ED</del>	1 /-			
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	V		LERI	7 2019				

MAIL TO:

**Division of Business Services** 

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