



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
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 12114		2. Exact name of the Corporation Montaup Realty Company					
3. Principal Office Address 500 Anthony Road		City Portsmouth		State RI	Zip 02871		
4. NAICS Code 531100		6. Brief description of the character of business conducted in Rhode Island Real Estate Rental					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name William Enos			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	Zip 02724		
Secretary Name Harry Powers			Treasurer Name Russell Wilcox				
Street Address 164 Harrison St			Street Address 575 Fish Road				
City Somerset	State MA	Zip 02726	City Tiverton	State RI	Zip 02878		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Edward Somonetti			Director Name				
Street Address 1102 Fairway Drive			Street Address				
City Middletown	State RI	Zip 02842	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
			660			Common	No-Par \$50.00
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 Russell Wilcox					Date 2/14/20		
Signature of Authorized Representative 					SIGN DOCUMENT 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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FORM 630 - Revised: 10/2017