RI SOS Filing Number: 202036398100 Date: 3/13/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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Annual Report for the year: 2020 Corporation

→ 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	ntity ID Number 2. Exact name of the Corporation						
139335	Middle Street Realty, Inc.						
Principal Office Address	City State Zip						
76 East Street			Pawtucket		RI	02860	
				4 4.4.5		42400	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
531110	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	Z _{IP} 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 a	ddresses)	<u>.</u>		Check t	he box to in	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	^{Zip} 02860	City Pawtucket		State RI	^{Zip} 02860	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
		10. Shares Iss			k the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES			
Changes require an additional filing.		200		Common		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		Date					
Janu N. Memon, President		1-24-2020					
Signature of Authorized Representative SIGN DOCUMENT HERE FILED							
SIGN DOCUMENT HERE FILED							
Blind A							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 3 2020

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FORM 630 - Revised: 10/2017