



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

**Annual Report for the year: 2021**  
**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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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 JAN 29 P 2:09

1. Entity ID Number <b>139335</b>		2. Exact name of the Corporation <b>Middle Street Realty, Inc.</b>			
3. Principal Office Address <b>76 East Street</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4. NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>The purchase, sale, rental and leasing of real estate and any other lawful business.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Janu N. Memon</b>			Vice-President Name <b>Noor J. Memon</b>		
Street Address <b>76 East Street</b>			Street Address <b>76 East Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>Noor J. Memon</b>			Treasurer Name <b>Janu N. Memon</b>		
Street Address <b>76 East Street</b>			Street Address <b>76 East Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Janu N. Memon</b>			Director Name <b>Noon J. Memon</b>		
Street Address <b>76 East Street</b>			Street Address <b>76 East Street</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>200</b>		<b>Common</b>	<b>No Par Value</b>
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. <i>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.</i>					
Name of Authorized Representative <b>Janu N. Memon, President</b>				Date <b>1-21-2021</b>	
Signature of Authorized Representative <i>Janu Memon</i>				<b>FILED</b> SIGN DOCUMENT HERE	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

JAN 29 2021

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