State of Rhode Island

# Department of State - Business Services Division

FILED
FEB 16 2021
BY

## 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.

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 001689374 | MONJE CORPORATION, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| P.O. BOX 1088 | BLOCK ISLAND | RI | 02807 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 448150 | TO OWN AND OPERATE A RETAIL BUSINESS FOR THE SALE OF CLOTHING AND OTHER MERCHANDISE |
| 5. State of Incorporation | |
| RHODE ISLAND | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| KRISTINE MONJE | NONE |
| Street Address: P.O. BOX 1088 | Street Address: |
| City: BLOCK ISLAND; State: RI; Zip: 02807 | City; State; Zip |
| Secretary Name: NONE | Treasurer Name: NONE |
| Street Address: | Street Address: |
| City; State; Zip | City; State; Zip |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| NONE | NONE |
| Street Address: | Street Address: |
| City; State; Zip | City; State; Zip |
| Director Name: NONE | Director Name: NONE |
| Street Address: | Street Address: |
| City; State; Zip | City; State; Zip |

9. Shares Authorized

**This information is currently of record in the Department of State.**

**Changes require an additional filing.**

10. Shares Issued — Check the box to indicate an attachment ☐

| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 200 | COMMON | NO PAR |
| | | |

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 |
|---|---|
| KRISTINE MONJE | X 1/26/21 |

Signature of Authorized Representative

X Kristine Monje

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