



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Corporation2021

→ 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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1. Entity ID Number <u>103613</u>		2. Exact name of the Corporation <u>MONGEON AUTO & TRUCK CORPORATION</u>	
3. Principal Office Address <u>1056 Eddie Dowling Hwy.</u>		City <u>N. SMITHFIELD</u>	State <u>RI</u>
		Zip <u>02896</u>	
4. NAICS Code <u>44120</u>	6. Brief description of the character of business conducted in Rhode Island <u>SALE + SERVICE OF VEHICLES</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>NORBERT MONGEON</u>		Vice-President Name <u>NORBERT MONGEON</u>	
Street Address <u>781 IRON MINE HILL RD</u>		Street Address <u>781 IRON MINE HILL RD</u>	
City <u>N. SMITHFIELD</u>	State <u>RI</u>	Zip <u>02896</u>	City <u>N. SMITHFIELD</u>
			State <u>RI</u>
			Zip <u>02896</u>
Secretary Name <u>NORBERT MONGEON</u>		Treasurer Name <u>NORBERT MONGEON</u>	
Street Address <u>781 IRON MINE HILL RD</u>		Street Address <u>781 IRON MINE HILL RD</u>	
City <u>N. SMITHFIELD</u>	State <u>RI</u>	Zip <u>02896</u>	City <u>N. SMITHFIELD</u>
			State <u>RI</u>
			Zip <u>02896</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>600</u>	
		<u>0</u>	
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 <u>NORBERT MONGEON</u>			Date <u>11-29-21</u>
Signature of Authorized Representative <u>[Signature]</u>			

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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