RI SOS Filing Number: 202105462440 Date: 11/29/2021 10:18:00 AM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Corporation

2071

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2021 ROY 29 AM 10: 17

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

7 Fortally. Additional \$25.05 fee it form is not liked by April 1.								
1. Entity ID Number 2. Exact name of the Corporation								
1000 103(13 MONGEON AUTO & Truck Corporation 3. Principal Office Address City State Zip 1056 Foldle Dowling hay. IN. SMITHFIELD RI 07896								
				City		State	Zip	
1056 Fodle Dowling hay.				10.5MI	ThFleid	K.I	07896	
4. NAICS Code b. Brief description of the character of business conducted in Rhode Island								
SAIR + Set VICE OF Valle								
5. State of Incorporation								
K.L.								
7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-President Name								
Notbert Mongesn Street Address				Vice-President Name Norther T W Norther				
Street Address	is	/-		Street Address				
781 Iron MINEHILL &				Street Address 781 Iton MINE AII 16 City State Zip				
11.51	ThFIEID	RZ	02896	City N. SMIT	hfleid	State	02896	
Secretary Name Treasurer Name								
Notbett Mongeon				Notbert Mongeon				
181 I FON MINE bill to be				781 I TON MINE HILL FE				
City		State	Zip	ICity		State	Zip	
10,5		MI	02896	N.5M	ThFIELD	KI	02896	
B. LIST ALL C Director Nam	directors (names and ac	aaresses)		TDirector Name	Check the box to indicate an attachment			
				On Color 130116				
Street Address				Street Address				
City		State	Zip	City		State	Zip	
Director Name					Director Name			
Street Address				Street Address				
City		State	Zip	City	100	State	Zip	
				J.,,		3.5.0		
9. Shares Authorized					heck the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		ru in the	,		CLASS/SERIES		PAR VALUE	
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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.								
1, 1 —						Date		
Norbert MONGERN 11-29-21							4-21	
Signature-of Authorized Representative								
2 4 8081								
MAIL TO:								

MAIL 10: Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FW 81X06

FORM 630 - Revised: 08/2020