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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2022

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

	· FAILURE TO FIL	LE THIS REPORT BY M	ARCH 31 WILL RESU	JLT IN A \$25.00 PENA	LTY FEE.	
1. Entity ID No. 13162	2. Exact nan Munroe	2. Exact name of the Corporation Munroe Realty,inc				
Principal office address A58 Phillips Hill Road			City Coventry	State R.I.	Zip 02816	
4. Business Phone No. 401-965-8444			5. State of Incorporation Rhode Island			
· ·		conducted in Rhode Island asing, holding and d		tate		
7. LIST ALL OFFICERS	NAMES AND ADDR	ESSES) ("X" BOX FOR A	TACHMENT)			
President Name David J.Munroe			Vice-President Name David J. Munroe			
Street Address 458 Phillips Hill Road			Street Address 458 Phillips Hill Road			
City Coventry	State R.I.	Zip 02816	City Coventry	State R.I.	Zip 02816	
Secretary Name David j. Munroe			Treasurer Name David J. Munroe			
Street Address 458 Phillips Hill Road			Street Address 458 Phillips Hill Road			
City Coventry	State R.I.	Zip 02816	City Coventry	State R.I.	Zip 02816	
8. LIST ALL DIRECTORS	S (NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)	· · · · · · · · · · · · · · · · · · · 		
Director Name David J. Monroe			Director Name			
Street Address 458 Phillips Hill Road			Street Address			
City Coventry	State R.I.	Zip 02816	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			100	Common	No Par Value	
This report must be exec		corporation by an authorize ist be executed on behalf of	the corporation by the re			

File Date	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.
By: FEB 0.2 2022	Signature of Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY	David J. Munroe President
Form No. 630 Revised: 01/2012	Print or Type Name of Authorized Representative