



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RI SOS BSD
24 SEP 23 AM 11:27:22

1. Entity ID Number 000012027		2. Exact name of the Corporation Mongeon Realty Inc.												
3. Principal Office Address 781 Iron Mine Hill Rd.			City N. Smithfield	State RI	Zip 02895									
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate Rental												
5. State of Incorporation RI 12/27/78														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
President Name Norbert Mongeon Jr.			Vice-President Name Norbert Mongeon III											
Street Address 329 Stillwater Rd.			Street Address 781 Iron Mine Hill Rd.											
City Smithfield	State RI	Zip 02917	City N. Smithfield	State RI	Zip 02895									
Secretary Name Lynne Demers			Treasurer Name Norbert Mongeon Jr.											
Street Address 18 North Water Street			Street Address 329 Stillwater Rd.											
City Portsmouth	State RI	Zip 02871	City Smithfield	State RI	Zip 02917									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
Director Name Norbert Mongeon Jr.			Director Name Norbert Mongeon III											
Street Address 329 Stillwater Rd.			Street Address 781 Iron Mine Hill Rd.											
City Smithfield	State RI	Zip 02917	City N. Smithfield	State RI	Zip 02895									
Director Name Lynne Demers			Director Name											
Street Address 18 North Water Street			Street Address											
City Portsmouth	State RI	Zip 02871	City	State	Zip									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>common</td> <td>no par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	common	no par			
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 Norbert Mongeon Jr. President					Date 9/10/2024									
Signature of Authorized Representative														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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FORM 630- Revised 12/2023