



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2023**

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 11:27:28

STAMP

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 Sr.			Vice-President Name Norbert Mongeon Sr.		
Street Address 781 Iron Mine Hill Rd.			Street Address 781 Iron Mine Hill Rd.		
City N. Smithfield	State RI	Zip 02895	City N. Smithfield	State RI	Zip 02895
Secretary Name Norbert Mongeon Sr.			Treasurer Name Norbert Mongeon Sr.		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Norbert Mongeon Sr.			Director Name		
Street Address 781 Iron Mine Hill Rd.			Street Address		
City N. Smithfield	State RI	Zip 02895	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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			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. Executor for the Estate of Norbert Mongeon Sr.				Date 9/10/2024	
Signature of Authorized Representative 					

FILED

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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FORM 638, Revised: 12/2023

BY 11:43
2024