



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2015

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000012027</b>		2. Exact name of the Corporation <b>Mongeon Realty Inc.</b>				
3. Principal Office Address <b>781 Iron Mine Hill Rd.</b>			City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02895</b>	
4. NAICS Code <b>531110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Rental</b>				
5. State of Incorporation <b>RI 12/27/78</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Norbert Mongeon Sr.</b>			Vice-President Name <b>Norbert Mongeon Sr.</b>			
Street Address <b>781 Iron Mine Hill Rd.</b>			Street Address <b>781 Iron Mine Hill Rd.</b>			
City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02895</b>	
Secretary Name <b>Norbert Mongeon Sr.</b>			Treasurer Name <b>Norbert Mongeon Sr.</b>			
Street Address <b>Same</b>			Street Address <b>Same</b>			
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 <b>Norbert Mongeon Sr.</b>			Director Name			
Street Address <b>781 Iron Mine Hill Rd.</b>			Street Address			
City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02895</b>	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		PAR VALUE
		<b>200</b>		<b>common</b>		<b>no par</b>
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. <b>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.</b>						
Name of Authorized Representative <b>Norbert Mongeon Jr. Executor for the Estate of Norbert Mongeon Sr.</b>					Date <b>9/10/2024</b>	
Signature of Authorized Representative 						

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
**SEP 23 2024**  
BY MMSAC 1135  
ea  
FORM 630- Revised: 12/2023