



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2011
Corporation

REC'D RIDOS ASD
24 SEP 23 AM 11:28:03

- 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 <u>060012027</u>	2. Exact name of the Corporation <u>Mongeon Realty Inc</u>
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3. Principal Office Address <u>781 Iron Mine Hill Rd</u>	City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02895</u>
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4. NAICS Code <u>531110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Real Estate Rental</u>
5. State of Incorporation <u>RI 12/27/18</u>	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Norbert H. Mongeon Sr.</u>			Vice-President Name <u>Norbert H. Mongeon Sr.</u>		
Street Address <u>781 Iron Mine Hill Rd</u>			Street Address <u>781 Iron Mine Hill Rd</u>		
City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02895</u>
Secretary Name <u>Norbert H. Mongeon Sr.</u>			Treasurer Name <u>Norbert H. Mongeon Sr.</u>		
Street Address <u>same</u>			Street Address <u>same</u>		
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 <u>Norbert H. Mongeon Sr.</u>			Director Name <u>Norbert H. Mongeon Sr.</u>		
Street Address <u>same</u>			Street Address <u>same</u>		
City	State	Zip	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
	<u>200</u>	<u>Common</u>
	PAR VALUE	<u>No par</u>

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 <u>Norbert Mongeon Jr. executor for estate of Norbert Mongeon Sr.</u>	Date <u>9/10/24</u>
Signature of Authorized Representative 	

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2616
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY mnsac 11:36
FORM 630- Revised 12/22