



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2010  
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 RIDOS ASD  
24 SEP 28 AM 11:18:13

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>31110</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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Norbert H. Mongeon Sr.</b>			Vice-President Name <b>Norbert H. 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 H. Mongeon Sr.</b>			Treasurer Name <b>Norbert H. 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Norbert H. Mongeon Sr.</b>			Director Name <b>Norbert H. Mongeon Sr.</b>		
Street Address <b>same</b>			Street Address <b>same</b>		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		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 estate Norbert Mongeon Sr.</b>				Date <b>9/10/24</b>	
Signature of Authorized Representative 				<b>FILED</b>	

SEP 23 2024

MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov

BY mms2630  
FORM 630 - Revised 12/2023