



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2008  
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 BSD  
24 SEP 23 AM 11:28:23

1. Entity ID Number <b>000012027</b>		2. Exact name of the Corporation <b>Mongcon Realty Inc.</b>	
3. Principal Office Address <b>781 Iron Mine Hill Rd</b>		City <b>N. Smithfield</b>	State <b>RI</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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Norbert H. Mongcon Sr.</b>		Vice-President Name <b>Norbert H. Mongcon Sr.</b>	
Street Address <b>781 Iron Mine Hill Rd.</b>		Street Address <b>SAME</b>	
City <b>N. Smithfield</b>	State <b>RI</b>	Zip <b>02895</b>	
Secretary Name <b>Norbert H. Mongcon Sr.</b>		Treasurer Name <b>Norbert H. Mongcon Sr.</b>	
Street Address <b>SAME as above</b>		Street Address <b>SAME</b>	
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. Mongcon Sr.</b>		Director Name	
Street Address <b>SAME as above</b>		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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	CLASS/SERIES
		<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 Mongcon Jr., executor for estate of Norbert Mongcon Sr.</b>		Date <b>9/10/24</b>	
Signature of Authorized Representative 			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2618  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**

FORM 630- Revised: 12/2023

SEP 23 2024

BY MNSAC 11.28