



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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
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1. Entity ID Number 13162		2. Exact name of the Corporation Munroe Realty, Inc	
3. Principal Office Address 458 Phillips Hill Road		City Coventry	State R.I.
		Zip 02816	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island Engaged in the business of purchasing, holding and disposing of real estate		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name David J. Munroe		Vice-President Name David J. Munroe	
Street Address 458 Phillips Hill Road		Street Address 458 Phillips Hill Road	
City Coventry	State R.I.	City Coventry	State R.I.
Secretary Name David J. Munroe		Treasurer Name David J. Munroe	
Street Address 458 Phillips Hill Road		Street Address 458 Phillips Hill Road	
City Coventry	State R.I.	City Coventry	State R.I.
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name David J. Munroe		Director Name	
Street Address 458 Phillips Hill Road		Street Address	
City Coventry	State R.I.	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		100 No-Par 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 David J. Munroe President		Date 1/13/25	
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

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FORM 630- Revised: 12/2023

BY

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