						র্ দ্বা		
State of Rhode Island  Department of State - Business Services Division						JAN :		
Annual Report for the year Corporation	DIVISION	1		RIDOS :				
Filing period: February Filing Fee: \$50.00					ζ	0.03.44 0.03.44 0.03.44		
→ Penalty: Additional \$25.0  1. Entity ID Number						71		
1316 <u>2</u> :		2. Exact name of the Corporation  Munroe Keelty, ine						
3. Principal Office Address 458 Phillips Hill Road			City	entry	State R.1.	Zip U2816		
4. NAICS Code	6. Brief descrip	tion of the charac	ter of busine	ess conducted in Ri	hode Island	<u>d</u> .		
	iness of	f purchasing.	holding and					
5. State of Incorporation disposing of real					,			
7. List ALL officers (names and a	addresses)	<del></del>	<del></del>	Check	the box to indicate a	an attachment		
President Name  David J. Munroe			Vice-President Name					
Street Address 458 Phillips Hill Road			Street Address 458 Phillips mill Road					
City Coventry	State W.I.	Zi@2816	City Cov	City Coventry		Zip U2610		
Secretary Name David J M	Treasurer Name Duvid J Sunroe							
Street Address 458 Phillips Hill Road			Street Add	Street Address 458 Phillips Hill dead				
City	State R.I.	Zip02816	City Coventry		State H.1.	Zip2516		
8. List ALL directors (names and	addresses)		<u></u>	Check	the box to indicate a			
Director Name David J Munros			Director Name :					
Street Address 458 Phillips Hill Road			Street Address					
City Coventry	State R.I.	Zigu 2816	City		State	Zip		
Director Name			Director Name					
Street Address	Street Address							
City	State	Zip	City		State	Zip		
3. Shares Authorized		10. Shares Iss	ued	Check	the box to indicate a	an attachment 🔘		
This information is currently of red Department of State.	cord in the	NUMBER OF	SHARES	No-Par Comm	S/SERIES	PAR VALUE		
Changes require an additional filing.		100 100-721 000		HO-FAI OUAL	oa ho Par			
11. This report must be executed	on behalf of the co	propration by an a	uthorized rea	presentative if the	corneration is in the	banda of a		
ceiver or trustee, this report must Under penalty of perjury, I dec statements, and that all statem								
The state of the s	iviila comannem ne	erein are true an	ra inis repol d correct.	π, including any a	eccompanying sche	idules and		
Name of Authorized Representat	David J M		esident		Date	3/25		
Signature of Authorized Represe	ntative	118		<del></del>		, ~		
IAIL TO: livision of Business Services		1/	FILE	7:03	····			

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

JAN 13 2025

(P.B.T) BY 5< Z.Y.S

FORM 630- Revised: 12/2023