RI SOS Filing Number: 202566622210 Date: 3/3/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAR 03 2025
BY

Annual Report for the year: 2025
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31

1 Entity ID Number	2. Exact name of the Corporation
12114	MONTAUP REALTY COMPANY
3 State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: REAL ESTATE RENTAL AND MANAGEMENT
4 NAICS Code: 531100	

6 Principal Office Address	City	State	Zip
500 ANTHONY ROAD	PORTSMOUTH	RI	02871

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: WILLIAM ENOS			Vice-President Name: WARREN RODGERS		
Street Address: 337 COTTRELL RD			Street Address: 18 WHITTIER ST		
City: TIVERTON	State: RI	Zip: 02878	City: FALL RIVER	State: MA	Zip: 02724
Secretary Name: KERRY ELLIS			Treasurer Name: ROBERT WOOD		
Street Address: 180 LUTHER AVENUE			Street Address: 50 HAROLD AVE		
City: SOMERSET	State: MA	Zip: 02726	City: SOMERSET	State: MA	Zip: 02726

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: EDWARD SIMONETTI			Director Name: PAUL MATTOS		
Street Address: 1102 FAIRWAY DRIVE			Street Address: 55 SUTHERLAND DRIVE		
City: MIDDLETOWN	State: RI	Zip: 02842	City: SOMERSET	State: MA	Zip: 02726
Director Name: GERALD SANTOS			Director Name:		
Street Address: 1 GELS WAY			Street Address:		
City: WESTPORT	State: MA	Zip: 02790	City:	State:	Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
ROBERT WOOD	**02/24/25**

Signature of Officer/Authorized Representative: R Wood

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

FORM 631- Revised 12/2023