



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.

FILED
REC'D RI SOS BSO
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STAMP

1. Entity ID Number <u>000129184</u>		2. Exact name of the Corporation <u>MONIMEN INC</u>			
3. Principal Office Address <u>778 CRANSTON ST</u>			City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>
4. NAICS Code <u>522310</u>		6. Brief description of the character of business conducted in Rhode Island <u>LICENSED CHECK CASHING SERVICES</u> <u>AND OTHER RELATED FINANCIAL SERVICES</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>TERESA MUNOZ</u>			Vice-President Name <u>REBECCA FRANCO</u>		
Street Address <u>3 FARRINGTON LANE</u>			Street Address		
City <u>CANTON</u>	State <u>MA</u>	Zip <u>02021</u>	City	State	Zip
Secretary Name <u>TERESA MUNOZ</u>			Treasurer Name <u>REBECCA FRANCO</u>		
Street Address			Street Address <u>275 POCASSET AVE</u>		
City	State	Zip	City <u>PROV</u>	State <u>RI</u>	Zip <u>02909</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>TERESA MUNOZ</u>			Director Name <u>REBECCA FRANCO</u>		
Street Address <u>3 FARRINGTON LANE</u>			Street Address <u>275 POCASSET AVE</u>		
City <u>CANTON</u>	State <u>MA</u>	Zip <u>02021</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02909</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>200</u>		
			<u>COMMON</u>		
			<u>NO-PAR</u>		
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 <u>THOMAS A HANLEY ESP</u>			FILED		Date <u>2/24/2025</u>
Signature of Authorized Representative <u>Thomas A Hanley Esq.</u>			MAR 04 2025 <u>LIVERI</u>		