State of Rhode Island
Department of State - Business Services Division

RECD RICOS ESQ
2025 FEB 24 PM 2:22:21

STAMP

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.

1. Entity ID Number	2. Exact name of the Corporation			
000129184	MONIMEN INC			
3. Principal Office Address		City	State	Zip
778 CRANSTON ST		PROV	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
522310	LICENSED CHECK CASHING SERVICES AND OTHER RELATED FINANCIAL SERVICES			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
TERESA MUNOZ			REBECCA FRANCO		
Street Address			Street Address		
3 FARRINGTON LANE					
City	State	Zip	City	State	Zip
CANTON	MA	02021			
Secretary Name			**Treasurer Name**		
TERESA MUNOZ			REBECCA FRANCO		
Street Address			Street Address		
			275 POCASSET AVE		
City	State	Zip	City	State	Zip
			PROV	RI	02909

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
TERESA MUNOZ			REBECCA FRANCO		
Street Address			Street Address		
3 FARRINGTON LANE			275 POCASSET AVE		
City	State	Zip	City	State	Zip
CANTON	MA	02021	PROV	RI	02909
Director Name			**Director Name**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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		Date
THOMAS A HANLEY ESQ	FILED	2/24/2025

Signature of Authorized Representative: Thomas G Hanley Esq.

MAR 04 2025

BY LVCR

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 630- Revised: 12/2023