

Amended



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

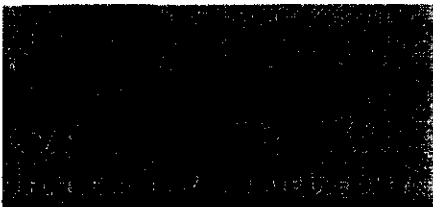
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014 - Amendment

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 8160181		2. Exact name of the Corporation Moria Development, Inc.					
3. Principal office address 3215 W. Ray Road				City Chandler	State AZ	Zip 85226	
4. Business Phone No. 480-752-3530				5. State of Incorporation Arizona			
6. Brief description of the character of business conducted in Rhode Island Mortgage lending							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Stanley Morris				Vice-President Name Shaun Morris			
Street Address 3215 W. Ray Rd.				Street Address 3215 W. Ray Rd.			
City Chandler	State AZ	Zip 85226		City Chandler	State AZ	Zip 85226	
Secretary Name Shaun Morris				Treasurer Name Ronald Duranti			
Street Address 3215 W. Ray Rd				Street Address 3215 W. Ray Road			
City Chandler	State AZ	Zip 85226		City Chandler	State AZ	Zip 85226	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Garrett Helminski				Director Name			
Street Address 3215 W. Ray Rd				Street Address			
City Chandler	State AZ	Zip 85226		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
0 SHARES AUTHORIZED				10 SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				1,000,000			

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.

9-11-14
Date

Shaun Morris
Signature of Authorized Representative

Print or Type Name of Authorized Representative



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

