

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a regular fee of \$25.00

subject to a penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation					
9019		& Moran Inc.		State	Zip	
3. Street Address Principal Business Office 40 Slater Road			Cranston	RI	02920	
4. Business Phone No. (401) 463-5454 State of Incorporation Rhode Island						
6. Brief Description of the Character of	Business Conducted in Rb	ode Island				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS	
President Name Terrence P. Moran			Paul P. Moran			
Street Address 40 Slater Road			Street Address 40 Slater Road			
Cranston	State R I	^{Zip} 02920	Cuy Cranston	State RI	02920	
Secretary Name Terrence P. Moran			Treasurer Name Samuel K. Suls			
Street Address 40 Slater Road			Street Address 40 Slater Road			
Cranston	State RI	02920	City Cranston	State RI	02920	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT		CES BEFORE USING AT	TACHMENTS	
Director Name Rita M. Moran			Director Name Paul P. Moran / Terrence P. Moran			
Street Address 40 Slater Road			Street Address 40 Slater Road			
Cranston	State RI	^{гір} 02 9 20	City Cranston	State RI	02920	
Director Name Samuel K. Suls			Director Name Timothy J. Moran			
Street Address 40 \$later Road			Street Address 40 Slater Road			
Cranston	State RI	^{zip} 02920	City Cranston	State RI	^{Zip} 02920	
9. SHARES AUTHORIZED 100,000	Common	.30	10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION	* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	wr) 🔲	
This information is currently	of record in the Offic	e of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			49,588	Common	.30	
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This report must be executed of this report must be executed of				ation is in the hands of a	receiver or trustee,	

File Date FILED		
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Check No JAN 1 3 2009	·-/	
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FOR SECRETARY OF STA	TE USE ONLY	

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.

KKIN .				
Signature	Date			
Samuel K. Suls	1/2/09			
Print or Type Name				
Treasurer				

Title