RI SOS Filing Number: 201183251900 Date: 09/20/2011 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
272556	MORROW EQUIPMENT COMPANY, L.L.C.

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DE	LEASE/SERVICE/SALE TOWER CRANES AND PERSONNEL HOISTS

5. Principal office address	City	State	Zip
3218 PRINGLE ROAD S.E.	SALEM	OREGON	97302

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
CHRISTIAN CHALUPNY	PRESIDENT/MANAGER

Street Address	City	State	Zip
3218 PRINGLE ROAD S.E.	SALEM	OREGON	97302

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
JOHN A. MORROW, CHAIRMAN/MANAGER	3218 PRINGLE ROAD S.E.	SALEM	OREGON	97302
RICHARD E. MORROW, VICE CHAIRMAN/MANAGER	3218 PRINGLE ROAD S.E.	SALEM	OREGON	97302

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
NATIONAL REGISTERED AGENTS, INC.	222 JEFFERSON BOULEVARD, SUITE 200	WARWICK	02888

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

272556

FILED
File Date
Check No. SEP 19 2011
By: 181183
FOR SECRETARY OF STATE USE ONLY
67754-17-592284

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.

Signature of Authorized Person — *Date* 8-2-2011

CH. CHALUPNY
Print or Type Name of Authorized Person

Form 632 Rev. 07/07