



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 **2013**

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. 000122966		2. Exact name of the Corporation MORRONE TRUCKING AND SAND AND GRAVEL, INC.					
3. Principal office address 120 Boombridge Road				City Westerly	State RI	Zip 02891	
4. Business Phone No. 401-596-6717				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TRUCKING AND EXCAVATION SERVICES							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Joseph A. Morrone, Sr.				Vice-President Name Suzanne M. Morrone			
Street Address 120 Boombridge Road				Street Address 120 Boombridge Road			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891		
Secretary Name				Treasurer Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
9. 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	
				600.00	CNP	0.00	

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 CORPORATIONS DIV
 STATE

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.

File Date _____

FILED

Check No _____

JUL 02 2014

By: _____

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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.

Suzanne M. Morrone 7/1/14
 Signature of Authorized Representative Date

SUZANNE M. MORRONE

FOR SECRETARY OF STATE USE ONLY

Print Type Name of Authorized Representative

A.A. 9:57 AM