



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 2015**

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. <b>12334</b>		2. Exact name of the Corporation <b>M. A. Moran &amp; Associates, Inc.</b>			
3. Principal office address <b>1445 Wampanoag Trail</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915-1019</b>
4. Business Phone No. <b>401-433-1455</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Insurance Broker</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Martin Moran</b>			Vice-President Name <b>Stephen Moran</b>		
Street Address <b>26 Fairway Drive</b>			Street Address <b>26 Fairway Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>Shirley Moran</b>			Treasurer Name <b>Stephen Moran</b>		
Street Address <b>26 Fairway Drive</b>			Street Address <b>26 Fairway Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
			100	Common	1.0

2014 DEC 17 AM 10:09  
 SECRETARY OF STATE  
 CORPORATIONS DIV

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: [Redacted]  
 Check No.: [Redacted]  
 By: [Redacted]  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
 DEC 17 2014

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.

*Stephen F. Moran* 12-16-14  
 Signature of Authorized Representative Date  
**STEPHEN F. MORAN**  
 Print or Type Name of Authorized Representative

BY CW 238713