



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

99 95-7700

| LOGOUT |

Foreign Business Corporation
Annual Report
Filing Period: January 1 - March 31



Help with this form

It is considered with R.I.G.S. 7-1.2-1(3)(c) each corporation filing a report is required to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.S. 7-1.2-1(3)(c)) is subject to a penalty rate of \$20.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000074474

2. Name of Corporation Morgan Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 323 N MICHIGAN AVENUE

City or Town: CHICAGO

State: IL

Zip: 60601

Country: USA

4. Business Phone No.

3123463181

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

LINEN SUPPLY & GARMENT RENTAL

2015 MAR 30 AM 10:24
SECRETARY OF STATE
CORPORATIONS DIV

FILED

MAR 30 2015

BY 245775 AS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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CEO	RICHARD JL SENIOR	323 N MICHIGAN AVE CHICAGO, IL 60601 USA
PRESIDENT	TIM SIMMONS	323 N MICHIGAN AVENUE CHICAGO, IL 60601 USA
VP	GERALD KWATKOWSKI	323 N MICHIGAN AVE CHICAGO, IL 60601 USA
DIRECTOR	DIANA M SENIOR	323 N MICHIGAN AVE CHICAGO, IL 60601 USA
DIRECTOR	ALDEN L SENIOR	323 N MICHIGAN AVE CHICAGO, IL 60601 USA
DIRECTOR	RICHARD JL SENIOR	323 N MICHIGAN AVE CHICAGO, IL 60601 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:
 Address: City: State: Zip: Country:

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$10.0000	10,000.00	10000

9. 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.

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Deb Walker
 Business Name: Morgan Services INC.
 No. and Street: 323 N Michigan Ave
 City or Town: Chicago State: il Zip: 60601 Country: us
 Contact Phone: 3123463181 ext:
 Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 26 Day of March, 2015 at 12:37:09 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By Richard J.L. Senior

Signature of Authorized Representative of the Corporation

this is an Authorized Representative, CEO listed #7

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-1.2. You hereby agree that any legal issues or causes of action arising from the submission of

- Accept
- Decline

[Click HERE to Submit This Information](#)

Form No. 630
Revised 09/07

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