

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 107798		2. Exact name of the limited liability company Morris & Broms, L.L.C.				
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island  Short run stamping and sheet metal fabrication.				
5. Principal office address 900 Wellington Avenue			City Cranston	State RI	Zip <b>02910</b>	
6. MAILING ADDRESS OF Contact Name Michael S. Archamb		Y COMPANY AND	AME OR TITLE OF CONTACT PERSON:  Contact Title  Member			
Street Address 900 Wellington Avenue			City Cranston	State <b>RI</b>	Zip <b>02910</b>	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R						
This information is currer	ntly of record in th	e Office of the Sec	retary of State. Changes require	e filing Form 642.		

File Date	FILED	Under penalty of perjury, I declare and a this report, including any accompanying and that all statements companies herein	g schedules and statements,		
Check No	OCT 2 1 2015	Signature of Authorized Person	10/05/2015		
Ву:	ACI S J Som	Signature of Authorized Person	Date		
FOR OFFICE AND OF STATE LICE ONLY	12/16/2	Michael S. Archambault			
FOR SECRETARY OF STATE USE ONLY	I I / / / Print or Type Name of Authorized Person				