



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 12334		2. Exact name of the Corporation M. A. Moran & Associates, Inc.			
3. Principal Office Address 26 Fairway Drive		City Barrington		State RI	Zip 02806
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island Insurance Broker			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martin Moran			Vice-President Name Stephen Moran		
Street Address 26 Fairway Drive			Street Address 26 Fairway Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Shirley Moran			Treasurer Name Stephen Moran		
Street Address 26 Fairway Drive			Street Address 26 Fairway Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		1.0	
11. 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.					
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.					
Name of Authorized Representative					Date January 5, 2017
Signature of Authorized Representative <i>Shirley Moran</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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FORM 630 - Revised: 10/2016