




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUSINESS DIV.
 2017 FEB 14 PM 4:01

1. Entity ID Number 1288299		2. Exact name of the Corporation Morgera Constuction LLC			
3. Principal Office Address 11 Oakleaf Trail			City Wyoming	State RI	Zip 02898
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Construction			
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 Michael C Morgera Sr			Vice-President Name Michael C Morgera Sr		
Street Address 11 Oakleaf Trail			Street Address Same as Above		
City Wyoming	State RI	Zip 02898	City	State	Zip
Secretary Name Robin J Morgera			Treasurer Name Matthew V Morgera		
Street Address Same as Above			Street Address Same as Above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1	PNP	.01
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 Michael C Morgera Sr				Date 02/14/2017	
Signature of Authorized Representative 					

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

FEB 14 2017

295734 FORM 630 - Revised: 02/2017
 A.A. 4:02 pm.