



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

No Fee

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

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2016

**1. ID No.** 001657137

**2. Exact Name of the Limited Liability Company** MORSE UNDERWRITING RESOURCES LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code  54

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

COMMERCIAL INSURANCE UNDERWRITING AUDIT CONTRACT WORK FOR  
INSURANCE  
COMPANIES

**5. Principal Office Address**

No. and Street: 18 EASTERN VIEW AVENUE  
City or Town: SOUTH KINGSTOWN State: RI Zip: 02879 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: HARRY J. MORSE Contact Title: PRESIDENT  
No. and Street: 18 EASTERN VIEW AVENUE  
City or Town: SOUTH KINGSTOWN State: RI Zip: 02879 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

HARRY J. MORSE 18 EASTERN VIEW AVENUE SOUTH KINGSTOWN , RI 02879

**Signed this 6 Day of March, 2017 at 9:23:19 AM by the authorized person.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By HARRY J. MORSE  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations  
All Rights Reserved



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

March 06, 2017 09:22 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

