



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 122966		2. Exact name of the Corporation MORRONE TRUCKING AND SAND AND GRAVEL, INC.			
3. Principal Office Address 120 Boombridge Road			City Westerly	State RI	Zip 02891
4. NAICS Code 21 - Mining, Quarrying, and Oil		6. Brief description of the character of business conducted in Rhode Island Trucking and Excavation Services			
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 Suzanne M. Morrone			Vice-President Name Joseph A. Morrone, Sr.		
Street Address 120 Boombridge Road			Street Address 120 Boombridge Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 0281
Secretary Name Suzanne M. Morrone			Treasurer Name Joseph A. Morrone, Sr.		
Street Address 120 Boombridge Road			Street Address 120 Boombridge Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	CNP	0.00
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 Joseph A. Morrone, Sr.					Date 2/22/17
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

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