S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
In accordance with R.I.G.L.	7-16-66(d), each limited liability comp in thirty (30) days after the time presc		
ANNUAL REPORT YEAR:	<u>2017</u>		
<b>1. ID No.</b> <u>001662039</u>			
2. Exact Name of the Limited Liability Company Mors Tool and Equipment, LLC.			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>238910</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	ode Island
RENTAL COMPANY			
5. Principal Office Addre	SS		
	GANO STREET OVIDENCE State: E	<u>RI</u> Zip: <u>02906</u> Count	ry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
No. and Street: <u>14</u>	IBARI Contact Title: <u>CFO</u> 11 GANO ST		
City or Town: P	ROVIDENCE State: <u>RI</u>	Zip: <u>02906</u> Coun	try: <u>US</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country
8. RESIDENT AGENT IN F	RHODE ISLAND - DO NOT ALTER		

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

## MATT DEMPSEY 141 GANO STREET PROVIDENCE, RI 02906

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 13 Day of September, 2017 at 4:37:35 PM 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 JOHN DIBARI

Signature of Authorized Person

Form No. 632 Revised 09/07

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