



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

FILED

DEC 21 2017

BY

12425

Annual Report for the year: **2018**
 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 524210		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			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
			100	COMMON	1.00
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					Date DECEMBER 14, 2017
Signature of Authorized Representative <i>Shirley Moran</i>					

MAIL TO:
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