



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 26 2018 MP

Annual Report for the year: **2018**

Corporation

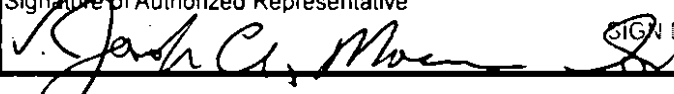
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

29235
00

| | | | | | |
|--|--------------------|--|--|--------------------|------------------------|
| 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 423990 | | 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 02891 |
| 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 | | | | | |
| 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 |
| | | 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 2/22/18 |
| Signature of Authorized Representative  | | | | | SIGN DOCUMENT HERE |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017