



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

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 3228		2. Exact name of the Corporation MORROCCO NURSERIES, INC	
3. Principal Office Address 61 Kimberly Ln		City CRAVSTON	State RI
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate	
5. State of Incorporation R.I.		Zip 02921	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name GARY A MORROCCO		Vice-President Name Deborah A Morrocco	
Street Address 61 Kimberly Ln		Street Address 61 Kimberly Ln	
City CRAVSTON	State RI	City CRAVSTON	State RI
Zip 02921		Zip 02921	
Secretary Name Deborah A. Morrocco		Treasurer Name GARY A MORROCCO	
Street Address 61 Kimberly Ln		Street Address 61 Kimberly Ln	
City CRAVSTON	State RI	City CRAVSTON	State RI
Zip 02921		Zip 02921	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES	
100		100	
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 GARY A MORROCCO		Date 1/20/18	
Signature of Authorized Representative <i>Gary A Morrocco</i>		FILED	

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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