



Department of State - Business Services Division

Annual Report for the year: 2019  
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 Numbr <b>94932</b>		2. Exact name of the Corporation <b>MORGAN + SONS INC.</b>			
3. Principal Office Address <b>79 MARSHALL CIR.</b>		City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	
4. NAICS Code <b>238140</b>	6. Brief description of the character of business conducted in Rhode Island <b>MASON CONTRACTORS</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>THOMAS F. MORGAN JR</b>		Vice-President Name <b>ANN L. MORGAN</b>			
Street Address <b>79 MARSHALL CIRCLE</b>		Street Address <b>79 MARSHALL CIR.</b>			
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State. <b>8000</b> * <b>1.00</b> PAR COMMON Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>		<b>COMMON</b>	<b>*1.00 PAR</b>
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. <b>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.</b>					
Name of Authorized Representative <b>ANN L. MORGAN</b>				Date <b>1-9-19</b>	
Signature of Authorized Representative <i>ANN L. MORGAN</i> <b>FILED</b> <i>OV</i>					

JAN 12 2019

21745