



State of Rhode Island and Providence Plantations

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.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 22 PM 12:45

1. Entity ID Number <u>6413</u>		2. Exact name of the Corporation <u>Magic Dragon Inc</u>	
3. Principal Office Address <u>215 Staples Rd</u>		City <u>Cumberland</u>	State <u>RI</u>
		Zip <u>02864</u>	
4. NAICS Code <u>561790</u>	6. Brief description of the character of business conducted in Rhode Island <u>Chimney Sweeping, repairs, Kitchen Hood + duct Clearing</u>		
5. State of Incorporation <u>R.I</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jerome Morelle</u>		Vice-President Name	
Street Address <u>SAME</u>		Street Address	
City	State	Zip	
Secretary Name		Treasurer Name <u>Donna Morelle</u>	
Street Address		Street Address <u>SAME</u>	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Jerome Morrelle</u>		Director Name <u>Donna Morrelle</u>	
Street Address <u>SAME</u>		Street Address <u>SAME</u>	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES
Changes require an additional filing.			PAR VALUE <u>0</u>
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 <u>Jerome J. Morelle</u>		Date <u>2/22/19.</u>	
Signature of Authorized Representative <u>Jerome J. Morelle</u>		SIGN DOCUMENT HERE FILED FEB 22 2019	