



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 FEB 22 AM 11:58

1. Entity ID Number <u>000594776</u>		2. Exact name of the Corporation <u>Morgan Wealth Management INC.</u>	
3. Principal Office Address <u>411 Wakefield St</u>		City <u>West Warwick</u>	State <u>RI</u>
		Zip <u>02893</u>	
4. NAICS Code <u>522291</u>	6. Brief description of the character of business conducted in Rhode Island <u>Financial Advising</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Patricia Morgan</u>		Vice-President Name <u>N/A</u>	
Street Address <u>411 Wakefield St</u>		Street Address	
City <u>West Warwick</u>	State <u>RI</u>	City	State
Zip <u>02893</u>		Zip	
Secretary Name <u>N/A</u>		Treasurer Name <u>N/A</u>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <u>NONE</u> Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>N/A</u>		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 <u>N/A</u>		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 <u>0.01</u>
Changes require an additional filing.			
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>Patricia Morgan</u>		Date <u>9/20/19</u>	
Signature of Authorized Representative <u>Patricia Morgan</u>			

FILED

FEB 22 2019

BY Q. GHEG
A.A. 12:00pm.