



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.

STAMPFOR
SECRETARY OF STATE
USE ONLY

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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>C. ASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	C. ASS/SERIES	PAR VALUE	600	CNP	0.00			
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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 									
Signature of Authorized Representative 					FILED									

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

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FORM 630 - Revised: 10/2017