



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 Number 000012655		2. Exact name of the Corporation FRANK MORROW COMPANY			
3. Principal Office Address 129 BAKER STREET			City PROVIDENCE	State RI	Zip 02905
4. NAICS Code 332119		6. Brief description of the character of business conducted in Rhode Island METAL STAMPING OD DECORATIVE METALS, CHIEFLY SMALL PARTS IN STEEL			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT MORROW			Vice-President Name NONE		
Street Address 194 POPPASQUASH ROAD			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Secretary Name ROBERT MORROW			Treasurer Name ROBERT MORROW		
Street Address 194 POPPASQUASH ROAD			Street Address 194 POPPASQUASH ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT MORROW			Director Name MICHELE JENNESS		
Street Address 194 POPPASQUASH ROAD			Street Address 700 E. STREET		
City BRISTOL	State RI	Zip 02809	City HUNTINGTON	State VT	Zip 05462
Director Name STEVEN MORROW			Director Name GREGG MORROW		
Street Address 26 ETHEL LANE			Street Address 47 PEACEFUL WAY		
City MILL VALLEY	State CA	Zip 94941	City TIVERTON	State RI	Zip 02878
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		A	NO PAR VALUE
		1250		B	NO PAR VALUE
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 ROBERT MORROW, CHAIRMAN <i>Robert Morrow</i>					Date 2/22/19
Signature of Authorized Representative FILED					
SIGN DOCUMENT HERE					