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R.I. DEPT. OF STATE BUS SVCS DIV



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 SEP 25 P 1:57

Annual Report for the year: 2019
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company				
001667681	MS MORVAN MASONRY LLC.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
238140					
5. State of Formation	MASOURY				
RI		,			-
6. Principal Office Address			City	State	Zip
30 Old PINE Rd			NARRAGAUSETT	RI	07885
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MARK MORUAU			Contact Title MZM DEC		
Street Address			City WARRAGENSEH	State RI	Zip 02882
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Date					
MARK MORVAU 9/25/2019					5 2019
Signature of Authorized Person					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 2 5 2019

BY M 2FV4T