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2019 SEP 25 P 1:57

Annual Report for the year:	2019
Limited Liability Company	<u> </u>

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

2 Evactooms						
1. Entity ID Number 2. Exact name of the Limited Liability Company OO 1 6 7 6 8 1						
5] MS MORUAN MASONRY LLC.						
238140						
State of Formation MASONRY						
	/					
		City	State	Zip		
INE Rd NARRAGAUSET				97885		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
MORUAU Contact Title MEM BER						
<u> </u>		City WARRAGENSEH	State KI	Zip 02882		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name						
Manager Name N/A						
		Street Address				
State	Zıp	City	State	Zip		
Manager Name Manager Name						
		Street Address				
State	Zip	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.						
· · · ·			Date			
MARK MORVAU			9/2	5 2019		
Signature of Authorized Person						
1 Veen / Owan						
	A. Brief descrip MASO NE R Dility Company a MORUMA d addresses) of State State d. This information are and affirm the ents contained	A. Brief description of the chara MASONRY NE Rd Dility Company and Name or Title MORUNU d addresses) of the Limited Liab State Zip State Zip d. This information is currently of reclare and affirm that I have examents contained herein are true	A. Brief description of the character of business conducted in Rho MASONRY City NARRAGAUSET Dility Company and Name or Title of Contact Person Contact Title MRM bec City NARRAGAUSET City Manager Name NA Street Address State Zip City Manager Name NA Street Address State Zip City City Manager Name NA Street Address City Ch Ch Ch This information is currently of record with the Department of State. Ch are and affirm that I have examined this report, Including any ents contained herein are true and correct.	NARRAGASET State NARRAGASET State NARRAGASET State Contact Title MZM bec City MRRAGASET State RI d addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST ME Manager Name Manager Name NA Street Address State Zip City State City State City State Manager Name Ma		

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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