



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED
STAMP

NOV 20 2019

BY

37984
[Signature]

1. Entity ID Number 001672358		2. Exact name of the Limited Liability Company MORPH, LLC			
3 NAICS Code 541611		4. Brief description of the character of business conducted in Rhode Island MILITARY TO CIVILIAN TRANSITIONAL ASSISTANCE CONSULTING			
5. State of Formation RI					
6. Principal Office Address 122 TOURO STREET		City NEWPORT		State RI	Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name THOMAS M. ROSSI			Contact Title SOLE MEMBER		
Street Address 71 VANDERBILT LANE			City PORTSMOUTH		State RI Zip 02871
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
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 THOMAS M ROSSI				Date 11/11/19	
Signature of Authorized Person <i>[Signature]</i>				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