



State of Rhode Island  
**Department of State - Business Services Division**

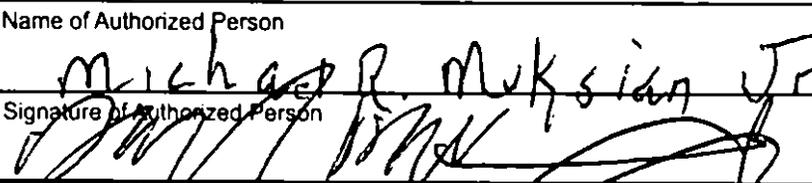
**FILED**

**Annual Report for the year:** 2020  
**Limited Liability Company**

DEC 08 2020

BY 151 DS

- 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 <u>000097141</u>		2. Exact name of the Limited Liability Company <u>Morris Jones, LLC</u>			
3. NAICS Code <u>722410</u>		4. Brief description of the character of business conducted in Rhode Island <u>Restaurant, tavern, pub</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>48 Indian Trail</u>			City <u>Saunderstown</u>	State <u>RI</u>	Zip <u>02874</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Michael R Moksian Jr</u>			Contact Title <u>Owner, President</u>		
Street Address <u>48 Indian Trail</u>			City <u>Saunderstown</u>	State <u>RI</u>	Zip <u>02874</u>
8 List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Michael R Moksian Jr</u>			Manager Name		
Street Address <u>48 Indian Trail</u>			Street Address		
City <u>Saunderstown</u>	State <u>RI</u>	Zip <u>02874</u>	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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <u>Michael R. Moksian Jr</u>				Date <u>11/16/2020</u>	
Signature of Authorized Person 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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