



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

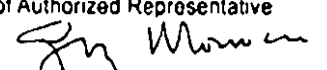
Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 10 2021

BY 13611

1. Entity ID Number 3228		2. Exact name of the Corporation Morocco Nursery INC			
3. Principal Office Address 61 KIMBERLEY LANE			City Cranston	State R I	Zip 02921
4. NAICS Code real estate 531390		6. Brief description of the character of business conducted in Rhode Island Real Estate			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gary MORROCCO			Vice-President Name DEBORAH Morrocco		
Street Address 61 kimberly LANE			Street Address 61 Kimberly Lane		
City Cranston	State R.I.	Zip 02921	City Cranston	State R I	Zip 02921
Secretary Name Gary Morrocco			Treasurer Name Deborah Morrocco		
Street Address 61 KIMBERLY lane			Street Address 61 Kimberly Lane		
City Cranston	State R I	Zip 02921	City Cranston	State R I	Zip 02921
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
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 Gary Morrocco					Date 1/24/20
Signature of Authorized Representative 					
SIGN DOCUMENT HERE:					