



State of Rhode Island
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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2021 MAY -7 AM 11:12

1. Entity ID Number 000509095		2. Exact name of the Corporation MORRONE EXCAVATION, INC.	
3. Principal Office Address 118 BOOMBRIDGE ROAD		City WESTERLY	State RI
		Zip 02891	
4. NAICS Code 238910	6. Brief description of the character of business conducted in Rhode Island EXCAVATION OF REAL PROPERTY		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MICHAEL A MORRONE		Vice-President Name DANA L MORRONE	
Street Address 118 BOOMBRIDGE ROAD		Street Address 118 BOOMBRIDGE ROAD	
City WESTERLY	State RI	Zip 02891	City WESTERLY
			State RI
			Zip 02891
Secretary Name MICHAEL A MORRONE		Treasurer Name	
Street Address 118 BOOMBRIDGE ROAD		Street Address	
City WESTERLY	State RI	Zip 02891	City
			State
			Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name NONE		Director Name NONE	
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
		500	COMMON
			PAR VALUE
			\$0.01
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 TERENCE J MALAGHAN, CPA			Date 5/7/21
Signature of Authorized Representative 			FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

MAY 07 2021
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