RI SOS Filing Number: 202106965850 Date: 12/10/2021 2:02:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

R.I. DEPT. OF STATE BUS SVCS DIV

STAME

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

2021 DEC 10 PM (2: 01

Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
000127966	27966 Morin's, Inc						
3. Principal Office Address			City	<u></u>	State	Zip	
95 Frank Mossberg Drive			Attleboro		MA	02703	
4. NAICS Code	6. Brief descr	6. Brief description of the character of business conducted in Rhode Island					
722320	Provide cat	Provide catering and other food and beverage services					
5. State of Incorporation							
NA							
7. List ALL officers (names a	ind addresses)			Chec	k the box to indic	ate an attachment	
President Name William J Morin			Vice-President Name R. Russell Morin, Jr				
Street Address 89 Payson St	Street Address 86 Lincoln Ave						
City Attleboro	State MA	Zip 02703	City Attleboro		State MA	Zip 02703	
Secretary Name Joyce Morin			Treasurer Name R. Russell Morin, Jr				
Street Address 86 Lincoln Ave			Street Address 86 Lincoln Ave				
City Attleboro	State MA	^{Zip} 02703	City Attleboro		State MA	^{Zip} 02703	
8. List ALL directors (names	and addresses)			Chec	k the box to indic	ate an attachment	
Director Name William J. Mo			Director Name	R. Russell Morin,	Jr.		
Street Address 89 Payson St			Street Address 86 Lincoln Ave				
Attleboro	State MA	Zip 02703	City Attleboro		State MA	Zip 02703	
Director Name	-		Director Name	•			
Street Address			Street Address				
City State		Zip	City		State	Zip	
		<u> </u>					
		10. Shares Is					
Department of State.		1,000		CWP		PAR VALUE	
Changes require an additional filing.			-	CVP	- ''	00	
11 This can art much be asset							
11. This report must be executrustee, this report must be executed the second must be executed as the second must be execute	cuted on behalf of the	corporation by an	authorized repre-	sentative. If the cor	poration is in the I	nands of a receiver or	
Under penalty of perjury, I statements, and that all st	declare and affirm	that i have examir	ed this report, i	including any acco	ompanying sche	dules and	
Name of Authorized Represe	entative	norem are a de di	TO COTTECT.		Date		
R. Russell Morin, Jr.				FILEN			
Signature of Authorized Rep	resentative						
KL		SIGN DC	CUMENT HERE	DEC 1 0 20	21		
MAIL TO:		_	_	LI DI	1/10 <u>2</u>		

ion of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 9:02 FORM 630 - Revised: 10/2017

Morin's, Inc.

Attachment to RI Annual Report for 2021

Section 7 – Lis of all officers (continued):

Vice President Michael J. Morin,

Vice President William J. Morin, Jr.,

Vice president Ralph R. Morin III, 38 Russell Tenant Drive, Attleboro, MA 02703

Assistant Secretary Gregory D. Lorincz, 12 Church St, North Attleboro, MA 02760