



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

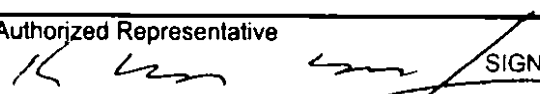
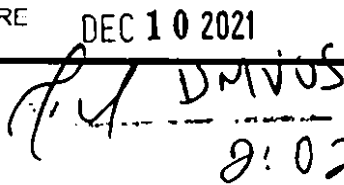
→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 DEC 10 PM 2:01

STAMP

1. Entity ID Number 000127966		2. Exact name of the Corporation Morin's, Inc					
3. Principal Office Address 95 Frank Mossberg Drive		City Attleboro		State MA	Zip 02703		
4. NAICS Code 722320	6. Brief description of the character of business conducted in Rhode Island Provide catering and other food and beverage services						
5. State of Incorporation MA							
7. List ALL officers (names and addresses) Check the box to indicate 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) Check the box to indicate an attachment ☐							
Director Name William J. Morin			Director 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		
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 ☐							
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			1,000		CWP	100	
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 R. Russell Morin, Jr.					Date		
Signature of Authorized Representative 					SIGN DOCUMENT HERE DEC 10 2021 		

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

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