

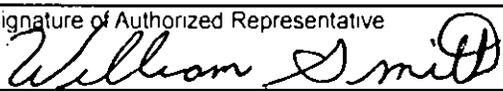


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2023**
 Corporation

FEB 06 2023 **OV STAMP**
 24455

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

1. Entity ID Number 000012434		2. Exact name of the Corporation Morgan & Smith, Inc.			
3. Principal Office Address 87 Ashaway Road		City Ashaway		State RI	Zip 02804
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Home Remodeling Contractor			
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 William Smith			Vice-President Name Ryan Smith		
Street Address 87 Ashaway Road			Street Address 87 Ashaway Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name William Smith			Treasurer Name		
Street Address 87 Ashaway 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 William Smith			Director Name		
Street Address 87 Ashaway Road			Street Address		
City Westerly	State RI	Zip 02891	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/SLR/LS	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 William A. Smith, President				Date 1/27/2023	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

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