



State of Rhode Island  
**Department of State - Business Services Division**

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

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 FEB -8 P 12:57

1. Entry ID Number <b>6413</b>		2. Exact name of the Corporation <b>Magic Dragon INC.</b>			
3. Principal Office Address <b>215 Staples RD</b>		City <b>Cumberland</b>		State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>561790</b>		6. Brief description of the character of business conducted in Rhode Island <b>Chimney sweeping &amp; repairs, kitchen hood cleaning</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jerome Morelle</b>			Vice-President Name		
Street Address <b>215 Staples ROAD</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Donna Morelle</b>		
Street Address			Street Address <b>Same as above</b>		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jerome Morelle</b>			Director Name <b>Donna Morelle</b>		
Street Address <b>Same as above</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>10</b>		<b>0</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Jerome Morelle</b>				Date <b>2/8/2023</b>	
Signature of Authorized Representative <i>Jerome Morelle</i>				<b>FILED</b>	

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

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 BY SMJCV  
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