RI SOS Filing Number: 202328702220 Date: 2/14/2023 4:00:00 PM

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|--|-------------------------------------|--|----------------------------------|------------------------|--------------|--|--|
| State of Rhode Island Department of S | tate - Busin | ess Services I | Division | | | | |
| Annual Report for the year: 2023 | | | | | FEB 1 | 4 2023 | |
| Corporation → Filing period: February 1 - May 1 | | | _ | | 1/2 | 60170 | |
| → Filing Fee: \$50.00 → Penalty: Additional \$25.00 | · | ot filed by May 31. | | ŀ | |) () (| |
| 1. Entity ID Number | | e of the Corporation | <u> </u> | | _ | | |
| 000509095 | | Morrone Excavation, Inc. | | | | | |
| 3. Principal Office Address | | | City | | State | Zip | |
| 118 Boombridge Rd | | | Westerly | | RI | 02891 | |
| 4. NAICS Code | 6. Brief desci | Brief description of the character of business conducted in Rhode Island | | | | | |
| 238910 | Excavation | Excavation of Real Property | | | | | |
| 5. State of Incorporation | 7 | | | | | | |
| Rhode Island | 1 | | | | | | |
| 7. List ALL officers (names and a | addresses) | | | Check | the box to i | indicate an attachment 🗖 | |
| President Name Michael A. M | Vice-President Name Dana L. Morrone | | | | | | |
| Street Address 118 Boombridge Rd | | | Street Address 118 Boombridge Rd | | | | |
| ^{City} Westerly | State RI | ^{Ζιρ} 02891 | ^{City} Westerly | | State RI | ^{Zıp} 02891 | |
| Secretary Name Michael A. Morrone | | | Treasurer Name | | | | |
| Street Address 118 Boombridge Rd | | | 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 🔲 | |
| Director Name | | | Director Name | | | | |
| Street Address | | | Street Address | | | | |
| City | State | Žip | City | | State | Zıp | |
| Director Name | | | Director Name | | | | |
| Street Address | Street Address | | | | | | |
| City | State | Zip | City | | State | Zip | |
| | | 10. Shares Iss | | | | | |
| This information is currently of record in the Department of State. | | NUMBER OF | FSHARES | CLASS/SERIES PAR VALUE | | | |
| Changes require an additional filing. | | 500 | 500 | | Common \$.01 | | |
| | | | | | | | |
| 11. This report must be executed | | | | | ration is in | the hands of a receiver or | |
| trustee, this report must be exec Under penalty of perjury, I dec | | | | | npanvina s | schedules and | |
| statements, and that all staten | nents contained | | | | | | |
| Name of Authorized Representa | | | Date | .) | | | |
| Terence J. Malaghan, C | PA | | | | 12/8 | /2023 | |

MAIL TO:

Division of Business Services

Terence J. Malaghan, CPA Signature of Authorized Representative

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

Phone: (401) 222-3040 Website: www.sos.ri.gov