



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FEB 14 2023

136178

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

1. Entity ID Number 000509095		2. Exact name of the Corporation Morrone Excavation, Inc.			
3. Principal Office Address 118 Boombridge Rd			City Westerly	State RI	Zip 02891
4. NAICS Code 238910		6. Brief description of the character of business conducted in Rhode Island Excavation of Real Property			
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 Michael A. Morrone			Vice-President Name Dana L. Morrone		
Street Address 118 Boombridge Rd			Street Address 118 Boombridge Rd		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 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 <input type="checkbox"/>
Director Name			Director Name		
Street Address			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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		500	Common	\$.01	
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 Terence J. Malaghan, CPA					Date 2/8/2023
Signature of Authorized Representative 					

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