



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation _____

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

REC'D MAR 28 10:05 AM '24
 STATE
 SECRETARY OF STATE

1. Entity ID Number 001338455	2. Exact name of the Corporation Moran Real Estate Group, Inc.
---	--

3. Principal Office Address 1130 TEN ROD ROAD, SUITE D-206	City NORTH KINGSTOWN	State RI	Zip 02852
--	--------------------------------	--------------------	---------------------

4. NAICS Code 531110	6. Brief description of the character of business conducted in Rhode Island REAL ESTATE BROKERAGE SERVICES
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 LYNN F. MORAN	Vice-President Name NONE		
Street Address 1130 TEN ROD ROAD, SUITE D-206	Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City
Secretary Name LYNN F. MORAN	Treasurer Name STEVEN MORAN		
Street Address 1130 TEN ROD ROAD, SUITE D-206	Street Address 1130 TEN ROD ROAD, SUITE D-206		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN
			State RI
			Zip 02852

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name LYNN F. MORAN	Director Name		
Street Address 1130 TEN ROD ROAD, SUITE D-206	Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	COMMON	\$0.01

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 LYNN F. MORAN	Date 3/14/2024
---	--------------------------

Signature of Authorized Representative 	FILED
--	--------------

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

MAR 28 2024
BY ML 376