



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.

FILED

APR 26 2024

BY 33907

1. Entity ID Number 000122966		2. Exact name of the Corporation MORRONE TRUCKING AND SAND AND GRAVEL, INC.	
3. Principal Office Address 120 Boombridge Road		City Westerly	State RI
		Zip 02891	
4. NAICS Code 423990	6. Brief description of the character of business conducted in Rhode Island Trucking and Excavation Services		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Suzanne M. Morrone		Vice-President Name Joseph A. Morrone, Sr.	
Street Address 120 Boombridge Road		Street Address 120 Boombridge Road	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Secretary Name Suzanne M. Morrone		Treasurer Name Joseph A. Morrone, Sr.	
Street Address 120 Boombridge Road		Street Address 120 Boombridge Road	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
		600	CNP
			0.00
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 Joseph A. Morrone, Sr.			Date 4/8/24
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

FORM 630- Revised: 12/2023