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State of Rhode Island

Department of State - Business Services Division

FILED: 1.11P

Annual Report for the year: 2024 **Limited Liability Company**

→ 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	2. Exact name of the Limited Liability Company			
001667681	MS MORVAN MASONRY, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island MASONRY			
238140				
5 State of Formati, 1				
RI				
Principal Office Address		City	State	Zip
30 OLD PINE ROAD		NARRACANSETT	RI	02882
7. Mailing Address of Limite	d Liability Company and Nam	ne or Title of Contact Person		<u> </u>
Contact Name MARK MORVAN		Contact Title MEMBER		
Street Address 30 OLD PINE ROAD		City NARRAGANSETT	State RT	Zip 02882
8. The Resident Agent infor	mation currently of record with	n the RI Department of State is accur	rate. Changes requ	ire filing Form 642.
Under penalty of perjury, statements, and that all s	l declare a∍d affirm that I ha tatements contained herein	ave examined this report, including are true and correct.	g any accompanyi	ng schedules and
Name of Authorized Person	1		Date	
MARK MORVAN			03/23/24	
Signature of Authorized Per	rson Y XW		-	

MAIL TO:

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Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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