

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
 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

JUN 03 2024

BY 3187

1 Entity ID Number 000594776		2 Exact name of the Corporation MORGAN WEALTH MANAGEMENT INC										
3 Principal Office Address 411 Wakefield St		City West Warwick	State RI									
Zip 02893												
4 NAICS Code 522291	6 Brief description of the character of business conducted in Rhode Island Financial advising for individuals.											
5 State of Incorporation RI												
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Patricia Morgan		Vice-President Name N/A										
Street Address 411 Wakefield St		Street Address										
City West Warwick	State RI	Zip 02893										
Secretary Name NA		Treasurer Name N/A										
Street Address		Street Address										
City	State	Zip										
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name N/A		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td></td> <td>.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100		.01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100		.01										
Changes require an additional filing.												
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 Patricia Morgan		Date 6/2/24										
Signature of Authorized Representative Patricia Morgan												

MAIL TO:

ENTER