

REC'D RIDOS BSD
24 SEP 23 AM 11:28:17



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2009
Corporation

- 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 000012027		2. Exact name of the Corporation MORGSON Realty Inc.	
3. Principal Office Address 781 Iron Mine Hill Rd		City N. Smithfield	State RI
4. NAICS Code 531110		6. Brief description of the character of business conducted in Rhode Island Real Estate Rental	
5. State of Incorporation RI 12/27/78			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Norbert H. Morgson Sr.		Vice-President Name Norbert H. Morgson Sr.	
Street Address 781 Iron Mine Hill Rd		Street Address 781 Iron Mine Hill rd	
City N. Smithfield	State RI	Zip 02895	City N. Smithfield
Secretary Name Norbert H. Morgson Sr.		Treasurer Name Norbert H. Morgson Sr.	
Street Address Same		Street Address Same	
City	State	Zip	City
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Norbert Morgson Sr.		Director Name	
Street Address Same as above		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
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. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		200	Common
			No Par
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 Norbert Morgson Jr. executor for estate		Date 9/10/24	
Signature of Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

SEP 23 2024

BY MORGSON (FORM 534 - Revised 12/2023)

*112
602*