

State of Rhode Island Department of State - Business Services Division

2025 Annual Report for the year: 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.

| <u> </u> | 10111 |
|--------------|--|
| APR T | |
| 100S | STAMP |
| BSD 34:48 | FIDE, CHARLEST OF SIZED OTE ONES |

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | |
|---|---|---------------|----------|-------|--|
| 624543 | MOR COMMUNICATIONS, LLC | | | | |
| 3. NAICS Code | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| 541613 5. State of Formation | COMMUNICATIONS AND MEDIA CONSULTING | | | | |
| RHODE ISLAND | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 12 BETTY STERET | | LINCOIN | RI | 02865 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name | | Contact Title | | | |
| MICHARL RATTE | | MANAGER | | | |
| Street Address | | City | State | Zip | |
| 12 BETTY STREET | | LINCOLN | RI | 02865 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | | |
| 9. 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 Person | | | Date | | |
| MICHAEL RATTÉ, MANAGER | | | 4-7-2025 | | |
| Signature of Authorized Person Mishel Ratte | | | | | |

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