



State of Rhode Island  
Department of State - Business Services Division

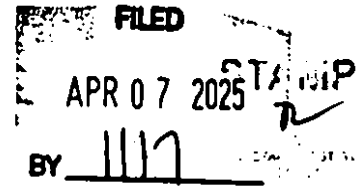
Annual Report for the year: 2025

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 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	Zip 02891	City Westerly	State RI	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	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SHARES		
			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. <b>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.</b>					
Name of Authorized Representative Suzanne M. Morrone					Date ✓ 3/28/24
Signature of Authorized Representative ✓ Suzanne M. Morrone					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)