



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.

REC'D RIDOS BSD
25 APR 22 AM 8:49:10

1. Entity ID Number 000112910		2. Exact name of the Corporation Moran Construction, Inc.	
3. Principal Office Address 1130 TEN ROD ROAD, SUITE D-206		City NORTH KINGSTOWN	State RI
		Zip 02852	
4. NAICS Code 236117	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN AND PERFORM CONSTRUCTION, CONSTRUCTION MANAGEMENT, REAL ESTATE DEVELOPMENT, REAL ESTATE MANAGEMENT		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President: Name STEVEN MORAN		Vice President: Name	
Street: Address 1130 TEN ROD ROAD, SUITE D-206		Street: Address	
City NORTH KINGSTOWN	State RI	Zip 02852	
Secretary Name LYNN F. MORAN		Treasurer Name LYNN F. MORAN	
Street Address 1130 TEN ROD ROAD, SUITE D-206		Street Address 1130 TEN ROD ROAD, SUITE D-206	
City NORTH KINGSTOWN	State RI	Zip 02852	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name NONE		Director Name	
Street: Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 200	CLASS/SERIES COMMON
		PAR VALUE 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 LYNN F. MORAN		Date 4/8/2025	
Signature of Authorized Representative 			

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

APR 22 2025
BY FORM 630- Revised 12/2023