

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000035

**Entity Name:** MORAN SHIPPING AGENCIES INC.**Current Principal Place of Business:**106 FRANCIS STREET  
PROVIDENCE, RI 02903**Current Mailing Address:**106 FRANCIS STREET  
PROVIDENCE, RI 02903 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title ASSISTANT SECRETARY  
Name JENNINGS, KEMBERLY  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR  
Name MORAN, PHILLIP  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903

Title VP  
Name COURMIER, ALAN  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR  
Name NEWMAN, SUSAN  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903

Title SECRETARY  
Name NEWMAN, SUSAN  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR  
Name POPE, A ROSS  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR  
Name BLACK, MICHAEL  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903

Title TREASURER  
Name BLACK, MICHAEL  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SUSAN NEWMAN**SECRETARY****04/15/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name LECLAIR, ROBERT  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903

Title PRESIDENT  
Name BLACK, JAMES  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR  
Name SULLIVAN, THOMAS  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR  
Name BLACK, JAMES  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR  
Name KELLY, JASON  
Address 106 FRANCIS STREET  
City-State-Zip: PROVIDENCE RI 02903