

2018 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:** 04-2320456**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 DIRECTOR
Name KELLY, JASON
Address 106 FRANCIS STREET
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name SULIVAN, THOMAS
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 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****04/26/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BLACK, JAMES
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