



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 85691		2. Exact name of the Corporation Moonraker Farm, Inc.			
3. Principal office address P.O. Box 2362, 15906 Via Pato		City Rancho Sante Fe	State CA	Zip 92067	
4. Business Phone No. (858) 759-0225		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To buy, sell and breed thoroughbred horses.					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name Michael Ron Hayward			Vice-President Name		
Street Address P.O. Box 2362, 15906 Via Pato			Street Address		
City Rancho Sante Fe	State CA	Zip 92067	City	State	Zip
Secretary Name Patricia A. Hayward			Treasurer Name Patricia A. Hayward		
Street Address P.O. Box 2362, 15906 Via Pato			Street Address P.O. Box 2362, 15906 Via Pato		
City Rancho Sante Fe	State CA	Zip 92067	City Rancho Sante Fe	State CA	Zip 92067
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
Director Name Michael Ron Hayward			Director Name Patricia A. Hayward		
Street Address P.O. Box 2362, 15906 Via Pato			Street Address P.O. Box 2362, 15906 Via Pato		
City Rancho Sante Fe	State CA	Zip 92067	City Rancho Sante Fe	State CA	Zip 92067
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$.01 Par Value

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.

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

**FILED**

**MAR 14 2013**

**BY** *[Signature]*

*29-192685-*

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.

*[Signature]*  
Signature of Authorized Representative

March 13, 2013

Date

Michael Ron Hayward, President

Print or Type Name of Authorized Representative

*Patricia A. Hayward, Treasurer*