



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.				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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] March 13, 2013
 Signature of Authorized Representative Date

Michael Ron Hayward, President

Print or Type Name of Authorized Representative
 PATRICIA A HAYWARD, TREASURER -