



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

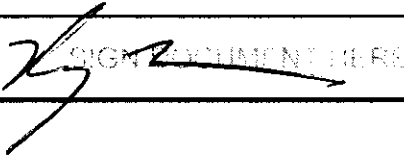
Annual Report for the year: 2016

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 60738 507348		2. Exact name of the Limited Liability Company FULL MOON, LLC			
3. NAICS Code 53 - Real Estate and Rental an		4. Brief description of the character of business conducted in Rhode Island Real Estate.			
5. State of Formation Rhode Island					
6. Principal Office Address 185 Pine Creek Ave		City Fairfield		State CT	Zip 06824
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Ryan Moran		Contact Title Member			
Street Address 185 Pine Creek Ave		City Fairfield		State CT	Zip 06824
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Ryan Moran				Date 10/28/16	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

OCT 31 2016

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FORM 632 - Revised: 08/2016