State of	of Rhode Island and Pro Office of the Secreta		0.00
HOPE	Division Of Business 148 W. River S Providence RI 029 (401) 222-30	treet 04-2615	
Foreign Business Corner			
Foreign Business Corpora Annual Report Filing Period: January 1 - March 1			
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o	rs after the time prescribed by		
ANNUAL REPORT YEAR: 2018			
1. Corporate ID No. 00050	4939		
2. Name of Corporation $Moo$	Inc		
3. Street Address Principal Bus	siness Office:		
No. and Street: <u>14 BLACKS</u> City or Town: <u>LINCOLN</u>	TONE VALLEY PLACE	State: <u>RI</u> Zip: <u>02865</u> Country: <u>USA</u>	<u>4</u>
4. Business Phone No.			
<u>8572657230</u>			
5. State of Incorporation			
State: <u>DE</u>			
	ARTICLE III		
Enter the six digit NAICS Code the the list of codes here. More inform		business conducted by the entity. Download online.	d
<u>323111</u>			
6. Brief Description of the Cha	racter of Business Conducte	ed in Rhode Island	
FULFILLMENT AND DISPA	TCH OF PERSONALIZED	PRINTED PRODUCTS.	
7. Names and Addresses of the	e Officers and Directors:		
All officers and directors mu	ist be listed.		
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	RICHARD MOROSS	14 BLACKSTONE VALLEY PLACE LINCOLN, RI 02865 USA	

RICHARD MOROSS

14 BLACKSTONE VALLEY PLACE

TREASURER

			L	INCOLN, RI 02865 USA	4
SECRETARY	RICHARD MOROSS		14 BLACKSTONE VALLEY PLACE LINCOLN, RI 02865 USA		
VICE PRESIDENT	RICHARD MOROSS		14 BLACKSTONE VALLEY PLACE LINCOLN, RI 02865 USA		
8. Shares Authorized and Iss	ued				
Class of Stock	Series of Stock	Par Value Per Share		Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CWP		\$	0.0100	5,000.00	5000
Signed this 23 Day of Octol individuals signing this instr signatory, under penalties of act and deed of the corporat electronic filing, in complian	rument constitutes th f perjury, that this in tion, and that the fac	e affirma strument ets stated	tion or ackn is that indiv	owledgement of	
By <u>POLLY J BURKE</u> Signature of Authorized R		-	2.	rue, as of the dat	eed or the
		-	2.	rue, as of the dat	eed or the