



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

ST-11F

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 133560		2. Exact name of the Corporation LUNAR PROPERTIES, INC.			
3. Principal Office Address 29 JOB DRIVE			City W. KINGSTON	State RI	Zip 02892
4. NAICS Code 53 110		6. Brief description of the character of business conducted in Rhode Island TO OWN AND MANAGE OFFICE BUILDINGS AND REAL ESTATE OF ALL KINDS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GAYLE M. MOONE			Vice-President Name RICHARD E. MOONE		
Street Address 29 JOB DRIVE			Street Address 29 JOB DRIVE		
City W. KINGSTON	State RI	Zip 02892	City W. KINGSTON	State RI	Zip 02892
Secretary Name GAYLE M. MOONE			Treasurer Name RICHARD E. MOONE		
Street Address 29 JOB DRIVE			Street Address 29 JOB DRIVE		
City W. KINGSTON	State RI	Zip 02892	City W. KINGSTON	State RI	Zip 02892
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
11. 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. 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 Representative GAYLE M. MOONE					Date 12/30/18
Signature of Authorized Representative <i>Gayle M. Moone</i>					FILED JAN 07 2019 BY 6193 DS

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov