



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2021**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED STAMP

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BY 1064

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Entity ID Number<br><b>1668835</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | 2. Exact name of the Corporation<br><b>MOOSETRACKS, INC.</b>                                                       |                                                                                                                       |                          |                          |
| 3. Principal Office Address<br><b>25 Village Plaza Way</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                    | City<br><b>North Scituate</b>                                                                                         | State<br><b>RI</b>       | Zip<br><b>02857-0000</b> |
| 4. NAICS Code<br><b>722515</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | 6. Brief description of the character of business conducted in Rhode Island<br><b>to operate an ice cream shop</b> |                                                                                                                       |                          |                          |
| 5. State of Incorporation<br><b>RI</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                                                    |                                                                                                                       |                          |                          |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                      |                                                                                                                    |                                                                                                                       |                          |                          |
| President Name<br><b>Mark G. Brigido</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                    | Vice-President Name<br><b>Mark G. Brigido</b>                                                                         |                          |                          |
| Street Address<br><b>35 Timberland Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                    | Street Address<br><b>35 Timberland Drive</b>                                                                          |                          |                          |
| City<br><b>Lincoln</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | State<br><b>RI</b>   | Zip<br><b>02865-</b>                                                                                               | City<br><b>Lincoln</b>                                                                                                | State<br><b>RI</b>       | Zip<br><b>02865-</b>     |
| Secretary Name<br><b>Mark G. Brigido</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                                                    | Treasurer Name<br><b>Mark G. Brigido</b>                                                                              |                          |                          |
| Street Address<br><b>35 Timberland Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                    | Street Address<br><b>35 Timberland Drive</b>                                                                          |                          |                          |
| City<br><b>Lincoln</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | State<br><b>RI</b>   | Zip<br><b>02865-</b>                                                                                               | City<br><b>Lincoln</b>                                                                                                | State<br><b>RI</b>       | Zip<br><b>02865-</b>     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                    |                                                                                                                       |                          |                          |
| Director Name<br><b>Mark G. Brigido</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |                                                                                                                    | Director Name<br><b>none</b>                                                                                          |                          |                          |
| Street Address<br><b>35 Timberland Drive</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                    | Street Address<br><b>none</b>                                                                                         |                          |                          |
| City<br><b>Lincoln</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | State<br><b>RI</b>   | Zip<br><b>02865-</b>                                                                                               | City<br><b>none</b>                                                                                                   | State<br><b>none</b>     | Zip<br><b>none</b>       |
| Director Name<br><b>none</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                                                    | Director Name<br><b>none</b>                                                                                          |                          |                          |
| Street Address<br><b>none</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                                                    | Street Address<br><b>none</b>                                                                                         |                          |                          |
| City<br><b>none</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | State<br><b>none</b> | Zip<br><b>none</b>                                                                                                 | City<br><b>none</b>                                                                                                   | State<br><b>none</b>     | Zip<br><b>none</b>       |
| 9. Shares Authorized                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |                                                                                                                    | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                          |                          |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                                                    | NUMBER OF SHARES                                                                                                      |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                    | CLASS/SERIES                                                                                                          |                          | PAR VALUE                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                                                    | <b>100</b>                                                                                                            | <b>Common</b>            | <b>No Par</b>            |
| 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.<br><b>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.</b> |                      |                                                                                                                    |                                                                                                                       |                          |                          |
| Name of Authorized Representative<br><b>Mark G. Brigido</b><br><br><b>President</b>                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                                                    |                                                                                                                       | Date<br><b>1/04/2021</b> |                          |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                                                    |                                                                                                                       |                          |                          |

MAIL TO:  
 Division of Business Services  
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