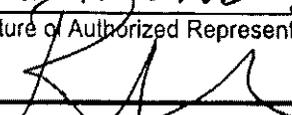


State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2017
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 000487813		2. Exact name of the Corporation Moulton Enterprises, Inc.		2021 JUL -1 A 9:10	
3. Principal Office Address 120 RALCO WAY			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 441310		6. Brief description of the character of business conducted in Rhode Island Retailer of used Jeep Parts			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond F. Moulton			Vice-President Name RAYMOND F MOULTON		
Street Address 120 RALCO WAY			Street Address 120 RALCO WAY		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name LISA CHAMPAGNE			Treasurer Name RAYMOND F MOULTON		
Street Address 840 Atwells Ave Apt 1E			Street Address 120 RALCO WAY		
City Providence	State RI	Zip 02909	City CUMBERLAND	State RI	Zip 02864
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
			100		NO PAR
					PAR VALUE
					0.00
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 RAYMOND F MOULTON					Date 6/30/21
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUL 01 2021
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