



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 02 2022

BY

Annual Report for the year: 2021 2022  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001721935		2. Exact name of the Corporation Luna Cow LLC			
3. Principal Office Address 1691 BROAD STREET APT. 2			City Cranston	State RI	Zip 02905
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Restoration and renovation of residential properties and specialized carpentry and fine woodworking. Business is active.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Jeff Haigler			Vice-President Name none		
Street Address 1691 Broad st, Apt 2			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name none			Treasurer Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	
		none			
		none			
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 Jeff Haigler				Date 02/25/2022	
Signature of Authorized Representative					

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised 11/2021