RI SOS Filing Number: 202325664620 Date: 1/4/2023 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

## Annual Report for the year: \_\_\_ Limited Liability Company

2023

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

	<del>-</del>			
Entity ID Number	2. Exact name of the Limited Liability Company			
001749213	MoonFaze Att LLC			
3_NAICS Code	Brief description of the character of business conducted in Rhode Island			
1999999	Media, Roduction and markation			
5. State of Formation	Media, Production and Marketing			
			J	
Lhode Island				
6. Principal Office Address		City	State	Zip
Ol Richmond St		Providence	RI	O2903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Dairhia Dias		Contact Title Owner		
Street Address Llattas 5+.		City Providence	State KI	<sup>Z19</sup> 62904
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
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 Person			Date , ,	
Daichia Dias			1/4/23	
Signature of Authorized Person				
O. D.co				

FILED

JAN 0 4 2023 BY 71 NGX

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov