



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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RI DEPT. OF STATE
BUS SVCS DIV

2023 JAN -6 A 11:53

1. Entity ID Number 000020993		2. Exact name of the Corporation Quarter Moon, Incorporated			
3. Principal Office Address 10 Marshall Street			City Norwalk	State CT	Zip 06854
4. NAICS Code 423910		6. Brief description of the character of business conducted in Rhode Island Distributes and sells sailboats, dollies, racks, and accessories.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Khosrow Jahanshad			Director Name		
Street Address 10 Marshall Street			Street Address		
City Norwalk	State CT	Zip 06854	City	State	Zip
Director Name			Director Name		
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES CNP	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 Khosrow Jahanshad				Date 1/4/2023	
Signature of Authorized Representative					

FILED

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