



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 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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1. Entity ID Number 001741235		2. Exact name of the Corporation Luna Community Care			
3. Principal Office Address 1005 Main St Suite 229B		City Dawcket	State RI	Zip 02860	
4. NAICS Code 813410		6. Brief description of the character of business conducted in Rhode Island disabled workers co-operative that provides pair support to divergent individuals			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CASEY GALLAGHER			Vice-President Name		
Street Address 32 Nancy St Unit 10			Street Address		
City Providence	State RI	Zip 0290	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 Tara Bodais			Director Name		
Street Address 125 Oakland Ave			Street Address		
City Providence	State RI	Zip 02904	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
			PAR VALUE		
			10		00100
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 Tara Bodais				Date 3-29-23	
Signature of Authorized Representative 				FILED	
MAR 30 2023					
BY ML ANGRQ					