State of Rhode Island Fee: \$50.00 Office of the Secretary of State Fee: \$50.00
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
1636 (401) 222-3040
Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u>
1. Corporate ID No. 001737786
2. Name of Corporation MOONS CONSTRUCTION INC
3. Street Address Principal Business Office:
No. and Street: 40 WINROOTH AVE
40 WINROOTH AVENUE
City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02908</u> Country: <u>USA</u>
4. Business Phone No.
<u>4013019453</u>
5. State of Incorporation
State: <u>RI</u>
ARTICLE III
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>238110</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
MASONRY AND CONSTRUCTION
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

	Individual Name First, Middle, Last, Suffix DARWIN F MUNGUIA		Address Address, City or Town, State, Zip Code, Country 40 WINROOTH AVE PROVIDENCE, RI 02908 USA		
INCORPORATOR					
. Shares Authorized and	Issued				
Class of Stock			alue Per nare	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CWP		\$1.0000		100.00	0
compliance with R.I. Gen. By <u>DARWIN MUNGUI</u>	-				
Signature of Authorize	ed Representative of t	he Corpo	ration		
orm No. 630	ed Representative of t	he Corpo	ration		
orm No. 630 evised 09/07 © 2007 - 2023 State of Rhode Island	ed Representative of t	he Corpo	ration		
Signature of Authorize	ed Representative of t	he Corpo	ration		