

State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

2024 JAN 23 A 10: 44

1. Entity ID Number 001004651	2. Exact name of the Limited Liability Company MOONSTONE MANAGEMENT GROUP LLC 4. Brief description of the character of business conducted in Rhode Island TO OWN AND MANAGE COMMERCIAL REAL ESTATE			
3. NAICS Code 531311				
5. State of Formation RHODE ISLAND				
6. Principal Office Address	<u>. L </u>	City	State	Zip
24 SALT POND ROAD, SUITE C4		SOUTH KINGSTOWN	RI	02879
7. Mailing Address of Limited Li	ability Company and Name or Til	le of Contact Person		
Contact Name PAUL HANSEN		Contact Title MANAGING MEMBER		
Street Address 24 SALT POND ROAD, SUITE C4		City S. KINGSTOWN	State RI	^{Zip} 02879
8. The Resident Agent informat	ion currently of record with the R	Department of State is accurate. C	hanges requir	filing Form 642.
9. Under cenalty of perfury, I	declare and affirm that I have oments contained herein are tr	examined this report, including a	пу вссотрапу	ing schedules and
Name of Authorized Person			Date	
PAUL C HANSEN			1/18/24	
Signature of Authorized Person	w			

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MAIL TO:

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

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