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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

	o e	ichility Company		
1. Entity ID Number	2. Exact name of the Limited Liability Company			
001004651	MOONSTONE MANAGEMENT GROUP LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
531311	TO OWN AND MANAGE COMMERCIAL REAL ESTATE			
5. State of Formation				
RHODE ISLAND				
6. Principal Office Address	<u> </u>	City	State	Zip
24 SALT POND ROAD, SUITE C4		SOUTH KINGSTOWN	RI	02879
7. Mailing Address of Limited	d Liability Company and Name or Ti	tle 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 infor	nation currently of record with the R	I Department of State is accurate. C	hanges requin	e filing Form 642.
9. Under penalty of perjury statements, and that all st	y, I declare and affirm that I have a atements contained herein are tra	examined this report, including a re and correct.	ny accompany	ring schedules and
Name of Authorized Person			Date	
PAUL C HANSEN			1/18/24	
Signature of Authorized Per	son			
1/25	K.			

FILED

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.n.gov 10:45