



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

STAMP

FEB 14 2024

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|   |   |   |                |
|---|---|---|----------------|
| 1. Entity ID Number<br>133560   |   | 2. Exact name of the Corporation<br>LUNAR PROPERTIES, INC.  |                |
| 3. Principal Office Address<br>23 JOB DRIVE   |   | City<br>WEST KINGSTON   | State<br>RI    |
|   |   | Zip<br>02892  |                |
| 4. NAICS Code<br>133560   | 6. Brief description of the character of business conducted in Rhode Island<br>TO OWN AND MANAGE OFFICE BUILDINGS AND REAL ESTATE<br>OF ALL KINDS |   |                |
| 5. State of Incorporation<br>RHODE ISLAND   |   |   |                |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                |
| President Name<br>GAYLE M. MOONE  |   | Vice-President Name<br>RICHARD E. MOONE   |                |
| Street Address<br>23 JOB DRIVE  |   | Street Address<br>23 JOB DRIVE  |                |
| City<br>WEST KINGSTON   | State<br>RI   | City<br>WEST KINGSTON   | State<br>RI    |
| Zip<br>02892  |   | Zip<br>02892  |                |
| Secretary Name<br>GAYLE M. MOONE  |   | Treasurer Name<br>RICHARD E. MOONE  |                |
| Street Address<br>23 JOB DRIVE  |   | Street Address<br>23 JOB DRIVE  |                |
| City<br>WEST KINGSTON   | State<br>RI   | City<br>WEST KINGSTON   | State<br>RI    |
| Zip<br>02892  |   | Zip<br>02892  |                |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |                |
| Director Name   |   | Director Name   |                |
| Street Address  |   | Street Address  |                |
| City  | State   | City  | State          |
| Zip   |   | Zip   |                |
| Director Name   |   | Director Name   |                |
| Street Address  |   | Street Address  |                |
| City  | State   | City  | State          |
| Zip   |   | Zip   |                |
| 9. Shares Authorized  |   |   |                |
| This information is currently of record in the Department of State.   |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                |
|   |   | NUMBER OF SHARES  | CLASS/STRIKES  |
|   |   | NONE  |                |
| Changes require an additional filing.   |   |   |                |
| 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<br>GAYLE M. MOONE   |   |   | Date<br>2-5-24 |
| Signature of Authorized Representative<br>Gayle M. Moone  |   |   |                |

MAIL TO:

Division of Business Services

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FORM 630- Revised: 12/2023