



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.

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AMP
FOR
DEPT OF STATE
PROVIDENCE

1. Entity ID Number 001746129		2. Exact name of the Corporation Moonstone Ventures, Inc.			
3. Principal Office Address 270A Moonstone Beach Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 621399		6. Brief description of the character of business conducted in Rhode Island To provide nurse anesthetist services, any ancillary purposes, and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Mark D. McMullen			Vice-President Name		
Street Address 270A Moonstone Beach Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Mark D. McMullen			Treasurer Name Mark D. McMullen		
Street Address 270A Moonstone Beach Road			Street Address 270A Moonstone Beach Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 100	CLASS/SERIES Common Shares	PAR VALUE 0.01 par value	
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 Mark D. McMullen				Date 2/26/2024	
Signature of Authorized Representative 				FILED	

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