State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation			
001746129	**Moonstone Ventures, Inc.**			
3. Principal Office Address		City	State	Zip
270A Moonstone Beach Road		**Wakefield**	**RI**	**02879**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621399	**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 ☐

President Name			Vice-President Name		
Mark D. McMullen					
Street Address			Street Address		
270A Moonstone Beach Road					
City	State	Zip	City	State	Zip
Wakefield	**RI**	**02879**			
Secretary Name			Treasurer Name		
Mark D. McMullen			**Mark D. McMullen**		
Street Address			Street Address		
270A Moonstone Beach Road			**270A Moonstone Beach Road**		
City	State	Zip	City	State	Zip
Wakefield	**RI**	**02879**	**Wakefield**	**RI**	**02879**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	**100**	**Common Shares**	**0.01 par value**
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	Date
Mark D. McMullen	2/26/2024
Signature of Authorized Representative: Mark D. McMullen	FILED

MAR 05 2024
BY ML 133

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 04/2023