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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2023
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 001699838		2. Exact name of the Corporation MOON TIDE DYERS INC.		
3. Principal Office Address 30 CUTLER ST #223		City WARREN	State RI	Zip 02885
4. NAICS Code 448120	6. Brief description of the character of business conducted in Rhode Island clothing design and production			
5. State of Incorporation RI				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Abbie Chambers		Vice-President Name Maura Cronin		
Street Address 384 Bnggs Rd.		Street Address 201 Ivy St.		
City Westport	State MA	Zip 02790	City Providence	State RI
Secretary Name Maura Cronin		Treasurer Name Abbie Chambers		
Street Address		Street Address		
City	State	Zip	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name Abbie Chambers		Director Name Maura Cronin		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized <small>This information is currently of record in the Department of State. Changes require an additional filing.</small>		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES 1,000	CLASS/SERIES	PAR VALUE 0
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 Abbie Chambers			Date 3/8/24	
Signature of Authorized Representative <i>Abbie Chambers</i>			FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

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A.K