



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.

REC'D RIDG BSO
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1. Entity ID Number <u>001699838</u>		2. Exact name of the Corporation <u>MOON TIDE DYERS INC.</u>			
3. Principal Office Address <u>30 CUTLER ST #223</u>		City <u>WARREN</u>		State <u>R1</u>	Zip <u>02885</u>
4. NAICS Code <u>448120</u>		6. Brief description of the character of business conducted in Rhode Island <u>clothing design and production</u>			
5. State of Incorporation <u>R1</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Abbie Chambers</u>			Vice-President Name <u>Maura Cronin</u>		
Street Address <u>384 Bnggs Rd.</u>			Street Address <u>201 Ivy St.</u>		
City <u>Westport</u>	State <u>MA</u>	Zip <u>02790</u>	City <u>Providence</u>	State <u>R1</u>	Zip <u>02906</u>
Secretary Name <u>Maura Cronin</u>			Treasurer Name <u>Abbie Chambers</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Abbie Chambers</u>			Director Name <u>Maura Cronin</u>		
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES <u>1,000</u>		CLASS/SERIES	PAR VALUE <u>0</u>
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. <u>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.</u>					
Name of Authorized Representative <u>Abbie Chambers</u>					Date <u>3/8/24</u>
Signature of Authorized Representative <u>Abbie Chambers</u>					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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BY RS50E
A.K

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FORM 630- Revised: 12/2023