State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Limited Liability Company

→ 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 **000101321**	2. Exact name of the Limited Liability Company **Harvest Moon LLC**		
3. NAICS Code **488330**	4. Brief description of the character of business conducted in Rhode Island **ownership and operation fo a fishing vessel**		
5. State of Formation **RI**			
6. Principal Office Address **14 Lakeside Drive**	City **Charlestown**	State **RI**	Zip **02813**
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name **Joseph Baker**	Contact Title **Manager**		
Street Address **14 Lakeside Drive**	City **Charlestown**	State **RI**	Zip **02813**
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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 Person **Joseph Baker**		Date 3/09/24	
Signature of Authorized Person Joseph A. Baker			

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MAR 26 2024

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MAIL TO:
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