



State of Rhode Island
Department of State - Business Services Division

REC'D: RIDGERS
24 MAY 2 PM 3:45:21

Annual Report for the year: 2024
Corporation

1003 Main St Pawtucket

- 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 <u>001741235</u>	2. Exact name of the Corporation <u>Luna Community Care</u>
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3. Principal Office Address <u>1003 Main St</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>
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4. NAICS Code <u>813410</u>	6. Brief description of the character of business conducted in Rhode Island <u>Disabled workers Co-Operative that provides peer support to adults and young adult youth</u>
5. State of Incorporation <u>RI</u>	

7. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>		
President Name <u>Tara Bodais</u>			Vice-President Name		
Street Address <u>125 Oakland Ave</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City	State	Zip
Secretary Name			Treasurer Name		
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			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 <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	<u>10</u>		<u>00.00</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.

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 <u>Tara Bodais</u>	Date <u>5-2-2024</u>
Signature of Authorized Representative <u>Tara Bodais</u>	MAILED 346 MAY - 2 2024

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

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