



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
Corporation

**FILED  
STAMP**  
FEB 19 2025  
BY ML 162

- 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<br><b>001746129</b>                                                                                                                                                                                                           |                    |                                                                                                                                                                                     | 2. Exact name of the Corporation<br><b>Moonstone Ventures, Inc.</b>                                                 |                    |                          |
| 3. Principal Office Address<br><b>270A Moonstone Beach Road</b>                                                                                                                                                                                   |                    |                                                                                                                                                                                     | City<br><b>Wakefield</b>                                                                                            | State<br><b>RI</b> | Zip<br><b>02879</b>      |
| 4. NAICS Code<br><b>621399</b>                                                                                                                                                                                                                    |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>To provide nurse anesthetist services, any ancillary purposes, and all other lawful purposes.</b> |                                                                                                                     |                    |                          |
| 5. State of Incorporation<br><b>RI</b>                                                                                                                                                                                                            |                    |                                                                                                                                                                                     |                                                                                                                     |                    |                          |
| 7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                      |                    |                                                                                                                                                                                     |                                                                                                                     |                    |                          |
| President Name<br><b>Mark D. McMullen</b>                                                                                                                                                                                                         |                    |                                                                                                                                                                                     | Vice-President Name                                                                                                 |                    |                          |
| Street Address<br><b>270A Moonstone Beach Road</b>                                                                                                                                                                                                |                    |                                                                                                                                                                                     | Street Address                                                                                                      |                    |                          |
| City<br><b>Wakefield</b>                                                                                                                                                                                                                          | State<br><b>RI</b> | Zip<br><b>02879</b>                                                                                                                                                                 | City                                                                                                                | State              | Zip                      |
| Secretary Name<br><b>Mark D. McMullen</b>                                                                                                                                                                                                         |                    |                                                                                                                                                                                     | Treasurer Name<br><b>Mark D. McMullen</b>                                                                           |                    |                          |
| Street Address<br><b>270A Moonstone Beach Road</b>                                                                                                                                                                                                |                    |                                                                                                                                                                                     | Street Address<br><b>270A Moonstone Beach Road</b>                                                                  |                    |                          |
| City<br><b>Wakefield</b>                                                                                                                                                                                                                          | State<br><b>RI</b> | Zip<br><b>02879</b>                                                                                                                                                                 | City<br><b>Wakefield</b>                                                                                            | State<br><b>RI</b> | Zip<br><b>02879</b>      |
| 8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                     |                    |                                                                                                                                                                                     |                                                                                                                     |                    |                          |
| 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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                          |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                  |                    |                                                                                                                                                                                     | NUMBER OF SHARES                                                                                                    |                    |                          |
|                                                                                                                                                                                                                                                   |                    |                                                                                                                                                                                     | CLASS/SERIES                                                                                                        |                    |                          |
|                                                                                                                                                                                                                                                   |                    |                                                                                                                                                                                     | PAR VALUE                                                                                                           |                    |                          |
|                                                                                                                                                                                                                                                   |                    |                                                                                                                                                                                     | 100                                                                                                                 |                    |                          |
|                                                                                                                                                                                                                                                   |                    |                                                                                                                                                                                     | Common Shares                                                                                                       |                    |                          |
|                                                                                                                                                                                                                                                   |                    |                                                                                                                                                                                     | 0.01 par value                                                                                                      |                    |                          |
| 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<br><b>MARK D. McMullen</b>                                                                                                                                                                                      |                    |                                                                                                                                                                                     |                                                                                                                     |                    | Date<br><b>2/10/2025</b> |
| Signature of Authorized Representative<br><i>Mark D. McMullen</i>                                                                                                                                                                                 |                    |                                                                                                                                                                                     |                                                                                                                     |                    |                          |