

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

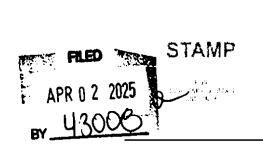
Annual Report for the year: 2025

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	2. Exact name of the Limited Liability Company				
000805509	Moorland House, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390	Real Estate				
5. State of Formation					
RI					
6. Principal Office Address	_	City	State	Zip	
122 Touro Street		Newport	RI	02840	
7. Mailing Address of Limit	ed Liability Company and Name o	r Title of Contact Person		-	
Contact Name Michael W. Miller		Contact Title Registered Agent			
Street Address 122 Touro Street		City Newport	State RI	^{Zip} 02840	
8. The Resident Agent info	rmation currently of record with th	e RI Department of State is accu	urate. Changes require	a filing Form 642.	
	ry, I declare and affirm that I ha statements contained herein are		ding any accompany	ing schedules and	
Name of Authorized Person			Date /	Date 5 / 2 5	
Joseph A	BAIdenhe 25	团	3/5/	125	
Signature of Authorized Pe					
Moll	Bulling				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov