Docusign Envelope RI SQS 74 Filing Number: 202576433110 Date: 6/27/2025 2:06:00 PM State of Rhode Island Department of State - Business Services Division Annual Report for the year: 2025 Corporation → 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 Corporation 000504939 MOO Inc. 3. Principal Office Address State City Zip East Providence 02914 25 Fairmount Ave RI 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 323111 FULFILLMENT AND DISPATCH OF PERSONALIZED PRINTED 5. State of Incorporation **PRODUCTS** DE 7. List ALL officers (names and addresses) Check the box to indicate an attachment President Name Vice-Pres dent Name Richard Moross (CEO) Street Address Street Address 25 Fairmount Ave City State State Zıp East Providence RI 02914 Secretary Name Treasurer Name Street Address Street Address City State Zip S:ate 8. List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name Street Address Street Address City City State Zip State Ζıp Director Name Director Name Street Address Street Address Zip City City State State Check the box to indicate an attachment 9. Shares Authorized 10. Shares Issued NUMBER OF SHARES This information is currently of record in the Department of State. 0.0100 5000 **CWP** Changes require an additional filing. 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 begin are true and correct. statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date 6/2/2025 Patrick Stirling-Howe Signature of Authorized Representative igned by:

MAIL TO:

Division of Business Services

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

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