STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000099754	Friends of the Moshassuck
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Stewardship of the Moshassuck watershed

5. Principal office address	City	State	Zip
37 6th St	providence	RI	02906

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Arthur Platt	Bruce Campbell
Street Address: 44 Cooke St	Street Address: 56 Gentian Ave
City: Pawtucket State: RI Zip: 02860	City: Providence State: RI Zip: 02908
Secretary Name	**Treasurer Name**
Kathleen Rourke	Greg Gerritt
Street Address: 37 6th ST	Street Address: 37 6th St
City: Providence State: RI Zip: 02906	City: providence State: RI Zip: 02906

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
James Kelley	Judy Hadley
Street Address: 122 8th ST	Street Address: 6 Edgehill Ave
City: Providence State: RI Zip: 02906	City: Lincoln State: RI Zip: 02865
Director Name	**Director Name**
Susan Korte	Michael Bradlee
Street Address: 20 Lorina Ave	Street Address: 226 Summit Ave
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

SECRETARY OF STATE CORPORATIONS DIV 2012 JUN 15 AM 8:

FILED

File Date JUN 15 2012
Check No
By: BY
FOR SECRETARY OF STATE USE ONLY 19-172697

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.

Greg Gerritt
Signature of Officer — Date

Greg Gerritt
Print or Type Name of Officer

Treasurer
Title of Officer

Form No. 631
Revised: 05/2012
79331-5-678059