



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000028694

2. Name of Corporation MOSWANSICUT RIDING AND DRIVING CLUB

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: COMMUNITY HOUSE
RT 116

City or Town: NORTH SCITUATE State: RI Zip: 02857 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

HORSE RELATED, MAINLY TRAIL RIDING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SKYE PECHE	479 CENTRAL PIKE SCITUATE, RI 02857 USA
TREASURER	CONNIE CHAPMAN	62 LIONEL PIERSON ROAD GREENE, RI 02827 USA

SECRETARY	LORETTA VINCZ	700 PLAINFIELD PIKE NORTH SCITUATE, RI 02857 USA
VICE PRESIDENT	SANDRA MACDONALD	514 COLWELL ROAD HARRISVILLE, RI 02830 USA
DIRECTOR	RON WALKER	195 SCOTT ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	GEORGIA SULLIVAN	96 LIMEROCK RD. SMITHFIELD, RI 02917 USA
DIRECTOR	JULIE REED	89 CRANBERRY RIDGE ROAD NORTH SCITUATE, RI 02857 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CONSTANCE A. CHAPMAN 62 LIONEL PIERSON ROAD GREENE , RI 02827

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of June, 2014 at 9:46:52 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LORETTA VINCZ
Signature of Authorized Person

Form No. 631
Revised 09/07

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