



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 000099754		2. Exact name of the Corporation Friends of the Moshassuck			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Preserve, protect the Moshassuck River watershed			
5. Principal office address 37 6th St			City Providence	State RI	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Arthur Plitt			Vice-President Name Bruce Campbell		
Street Address 49 Cooke St			Street Address 56 Gentran St		
City Pawtucket	State RI	Zip	City Providence	State RI	Zip 02908
Secretary Name Kathleen Rourke			Treasurer Name 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) <input type="checkbox"/>					
Director Name James Kelly			Director Name Susan Kerne'		
Street Address 122 8th St			Street Address 20 Lorimer St		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Cody Hadley			Director Name		
Street Address 6 Edgehill Rd			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____

JUN 23 2014

Check No _____

By: _____ By: 226913

FOR SECRETARY OF STATE USE ONLY

KM

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.

Signature of Officer or Authorized Representative: Greg Gerritt Date: 6/18/14

Print or Type Name of Officer or Authorized Representative: Greg Gerritt