



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 2015

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. 000028694		2. Exact name of the Corporation MOSWANSICUT Riding and Driving CLUB			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Horse Related Activities, mainly Trail Riding			
5. Principal office address Community House, RT 116			City NORTH SCITUATE	State RI	Zip 02857
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LIZ MORRIS			Vice-President Name SANDRA MACDONALD		
Street Address 80 CRANBERRY RIDGE RD.			Street Address 514 COLWELL RD		
City NORTH SCITUATE	State RI	Zip 02857	City HAMMISVILLE	State RI	Zip 02830
Secretary Name IRENE WATSON			Treasurer Name CONNIE CHAPMAN		
Street Address 303 JACKSON SCHOOLHOUSE RD.			Street Address 62 LIONEL PIERSON RD		
City PASCOAG	State RI	Zip 02859	City GREENE	State RI	Zip 02827
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 SKYE PEEHO			Director Name RON WALKER		
Street Address 479 CENTRAL PIKE			Street Address 195 SCOTT RD		
City SCITUATE	State RI	Zip 02857	City CUMBERLAND	State RI	Zip 02864
Director Name Georgia SULLIVAN			Director Name — NONE —		
Street Address 96 LIME ROCK RD			Street Address		
City SMITHFIELD	State RI	Zip 02917	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Irene Watson

6/28/15

Signature of Officer or Authorized Representative

Date

IRENE WATSON

Print or Type Name of Officer or Authorized Representative

JUL 1 2015

477