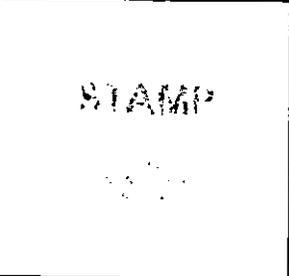




State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

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 CORPORATIONS DIV  
 2018 JUN 25 PM 12:03



Annual Report for the year: 2018  
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>1060179</b>		2. Exact name of the Corporation <b>MOSS HILL FOUNDATION</b>			
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>AGRICULTURAL EXPERIMENTATION</b>			
4. NAICS Code <b>624210</b>					
6. Principal Office Address <b>A 30 KRZAK RD.</b>			City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>STEPHEN P. LAVALLEY</b>			Vice-President Name <b>SEAMUS L. LAVALLEY</b>		
Street Address <b>43 CHURCH ST</b>			Street Address <b>42 CENTRAL AVE.</b>		
City <b>MATTAPANSETT</b>	State <b>MA.</b>	Zip <b>02739</b>	City <b>PLYMOUTH</b>	State <b>MA</b>	Zip <b>02360</b>
Secretary Name <b>PAMELA BOULAIS</b>			Treasurer Name		
Street Address <b>A 30 KRZAK RD.</b>			Street Address		
City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>STEPHEN P. LAVALLEY</b>			Director Name <b>SEAMUS LAVALLEY</b>		
Street Address <b>43 CHURCH ST</b>			Street Address <b>42 CENTRAL AVE.</b>		
City <b>MATTAPANSETT</b>	State <b>MA.</b>	Zip <b>02739</b>	City <b>PLYMOUTH</b>	State <b>MA.</b>	Zip <b>02360</b>
Director Name <b>PAMELA BOULAIS</b>			Director Name		
Street Address <b>A 30 KRZAK RD.</b>			Street Address		
City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>STEPHEN P. LAVALLEY</b>				Date <b>JUNE 25, 2018</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>				Date <b>JUNE 25, 2018</b>	
FILED JUN 25 2018 BY <i>[Signature]</i> 333426 12:03					