



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

FILED

JUN 10 2019

Annual Report for the year:
 Non-Profit Corporation

2019

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

BY 510
IA

1. Entity ID Number <u>0028694</u>		2. Exact name of the Corporation <u>Moswansicut Riding + Driving Club</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>Encourage care + trail Riding of Horses (115210)</u>	
4. NAICS Code <u>3486</u>			
6. Principal Office Address <u>62 Lionel Pierson Rd.</u>		City <u>Greene</u>	State <u>R.I.</u>
		Zip <u>02827</u>	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Liz Morris</u>		Vice-President Name <u>Sandra MacDonald</u>	
Street Address <u>80 Cranberry Ridge Rd.</u>		Street Address <u>514 Colwell Rd.</u>	
City <u>No. Scituate</u>	State <u>RI.</u>	City <u>Harrisville</u>	State <u>RI.</u>
Secretary Name <u>Cristen Langella</u>		Treasurer Name <u>Connie Chapman</u>	
Street Address <u>1938 Hartford Pk.</u>		Street Address <u>62 Lionel Pierson Rd</u>	
City <u>Foster</u>	State <u>RI.</u>	City <u>Greene</u>	State <u>RI.</u>
		Zip <u>02825</u>	
		Zip <u>02827</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Sky Peche</u>		Director Name <u>Vincent Langella</u>	
Street Address <u>479 Central Pk.</u>		Street Address <u>1938 Hartford Pk.</u>	
City <u>No. Scituate</u>	State <u>RI.</u>	City <u>Foster</u>	State <u>RI.</u>
Director Name <u>Georgia Sullivan</u>		Director Name	
Street Address <u>96 Limerock Rd.</u>		Street Address	
City <u>Smithfield</u>	State <u>RI.</u>	City	State
		Zip <u>02917</u>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <u>Constance Chapman</u>		Date <u>June 7, 2019</u>	
Signature of Officer/Authorized Representative <u>Constance Chapman</u>		SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov