



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

RECEIVED

SECRETARY OF STATE
CORPORATIONS DIV

JUN 18 PM 12:02

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

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. 99754		2. Exact name of the Corporation Friends of the Moshassuck			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Restoration of the Moshassuck river			
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 44 Cooke St			Street Address 56 Gentian st		
City Pawtucket	State RI	Zip 02860	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 <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Irma Campbell			Director Name Michael Bradley		
Street Address 56 Gentian st			Street Address 226 Summit ave		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02906
Director Name Susan Korte			Director Name		
Street Address 20 Lorimer Ave			Street Address		
City Providence	State RI	Zip 02906	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.

FILED

JUN 18 2019

Greg Gerritt

6/17/19

Signature of Officer or Authorized Representative

Date

Greg Gerritt

Print or Type Name of Officer or Authorized Representative

BY *[Signature]* 20088
12:02