



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year:
 Non-Profit Corporation

2018

2019 NOV 22 PM 1:18

- 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 1666299		2. Exact name of the Corporation Moderate PARTY OF RHODE ISLAND STATE COMMITTEE			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Political PARTY			
4. NAICS Code 813940					
6. Principal Office Address 209 YORKTOWN RD.		City NORTH KINGSTOWN	State RI	Zip 02852	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name William H Gilbert			Vice-President Name		
Street Address 209 YORKTOWN RD.			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 William Gilbert			Director Name Philip McAndrew		
Street Address 209 YORKTOWN RD N. KINGSTOWN RI			Street Address 105 CHARLOTTE DR		
City NORTH KINGSTOWN	State RI	Zip 02852	City EAST GREENWICH	State RI	Zip 02818
Director Name Cheryl Reynhout			Director Name		
Street Address PO PIECE AVE			Street Address		
City CAPE CANAVERAL	State FL	Zip 32926	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.					
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.					
<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 William H Gilbert				Date 11/22/19	
Signature of Officer/Authorized Representative 				FILED	

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

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