



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: 2018  
 Non-Profit Corporation

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