



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Non-Profit Corporation

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

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

2021 JUN 18 A 8:39

1. Entity ID Number 000099754		2. Exact name of the Corporation Friends of the Moshassuck	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Study and Restoration of the Moshassuck River	
4. NAICS Code 813312			
6. Principal Office Address 37 6th St		City Providence	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Arthur Plitt		Vice-President Name Bruce Campbell	
Street Address 44 Cooke St		Street Address 56 Centian St	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02908	
Secretary Name Kathleen Hourke		Treasurer Name Greg Gerritt	
Street Address 37 6th St		Street Address 37 6th St	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
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 Susan Korté		Director Name Michael Brudlee	
Street Address 20 Lomner St		Street Address 226 Summit Ave	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Director Name Erma Campbell		Director Name Sam Loren	
Street Address 56 Centian St		Street Address 274 South Main St #26	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02903	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Greg Gerritt Treasurer			Date 6/15/21
Signature of Officer/Authorized Representative Greg Gerritt			FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3046
 Website: www.sos.ri.gov

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