RI SOS Filing Number: 202107009030 Date: 12/13/2021 8:46:00 AM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Non-Profit Corporation

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

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BUS SVCS DIV
2021 DEC 13 AM 8:45

1. Entity ID Number	2. Exact name of the Corporation
000154488	MOSES — OAK HILL HISTORIC SITE AND S. FOSS MEDIA CENTER INC.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: ESTABLISH A HISTORIC SITE AND MUSEUM, INFORMATION, RESEARCH AND VISITOR CENTER WITH A STRONG CULTURAL, EDUCATIONAL COMPONENT THAT FEATURES PUBLIC OUTREACH PROGRAMS.
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
204 PATTERSON ST.	WOONSOCKET	RI	02895

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
NORMA JENNINGS	ELIZABETH VANCE
Street Address: 17 CRESCENT ROAD	Street Address: 335 HARRIS AVE
City: PAWTUCKET; State: RI; Zip: 02861	City: WOONSOCKET; State: RI; Zip: 02895
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 ☐

Director Name	Director Name
NORMA JENNINGS	ELIZABETH VANCE
Street Address: 17 CRESCENT ROAD	Street Address: 335 HARRIS AVE
City: PAWTUCKET; State: RI; Zip: 02861	City: WOONSOCKET; State: RI; Zip: 02895
Director Name: FREDERICK SCHAEFER	Director Name: OSCAR SCHAFER
Street Address: 106 DEXTER ST.	Street Address: 204 PATTERSON ST.
City: PROVIDENCE; State: RI; Zip: 02903	City: WOONSOCKET; State: RI; Zip: 02895

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.

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	Date
ELIZABETH VANCE	12.10.21

Signature of Officer/Authorized Representative: ELIZABETH VANCE

FILED
DEC 13 2021

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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8:46.

FORM 631 - Revised: 08/2020