



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

APR 12 2023

114

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000028694		2. Exact name of the Corporation moswansicut Riding + Driving Club	
3. State of Incorporation 1949 - R.I.		5. Brief description of the character of business conducted in Rhode Island To promote + develop owning of good horses, fellowship among horse lovers + an interest in the care + use of good horses.	
4. NAICS Code 01DL25 Pin 3486			
6. Principal Office Address 62 Lionel Pierson Rd.		City Greene	State R.I. Zip 02827
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Liz Morris		Vice-President Name Jessica Morse	
Street Address 80 Cranberry Ridge Rd.		Street Address 153 So. Killingly Rd.	
City No. Scituate	State R.I.	City Foster	State R.I. Zip 02825
Secretary Name Beth Sturn		Treasurer Name Constance Chapman	
Street Address 646 Lewis Farm Rd.		Street Address 62 Lionel Pierson Rd.	
City Greene	State R.I. Zip 02827	City Greene	State R.I. Zip 02827
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 Cristen Langella		Director Name Susan Sirols	
Street Address 67 Renee Dr.		Street Address 371 Douglas Pk.	
City Elknew	State W. VA. Zip 25071	City No. Smithfield	State R.I. Zip 02896
Director Name Steve Pechie		Director Name	
Street Address 479 Central Pk		Street Address	
City No. Scituate	State R.I. Zip 02827	City	State Zip
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 Constance Chapman - Treas.		Date 4/10/23	
Signature of Officer/Authorized Representative			

## MAIL TO:

Division of Business Services

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