



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 APR 24 A 9:24

1. Entity ID Number 000099754		2. Exact name of the Corporation Friends of the Moshussuck	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island advocate for the Moshussuck River and the communities in the watershed.	
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 Plitz		Vice-President Name Bruce Campbell	
Street Address 44 Cooke St		Street Address 56 Gentrion St	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02908	
Secretary Name Kathleen Bourke		Treasurer Name Grey 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 Irma Campbell		Director Name Sam Corey	
Street Address 56 Gentrion St		Street Address 274 S. Main St unit 26	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02903	
Director Name Michael Bradlee		Director Name	
Street Address 226 Summit Ave #3		Street Address	
City Providence	State RI	City	State
Zip 02906		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.			
<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 Grey Gerritt Treasurer			Date 4/6/23
Signature of Officer/Authorized Representative <i>Grey Gerritt</i>			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

APR 24 2023
 BY ML CNG/IV