



State of Rhode Island  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Non-Profit Corporation  
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - **ENTER THE CURRENT YEAR 2024:** 2024

1. Corporate ID No. 000028694

2. Name of Corporation MOSWANSICUT RIDING AND DRIVING CLUB

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

115210

4. Principal Office Address

No. and Street: 6488 FLAT RIVER RD

City or Town: GREENE

State: RI

Zip: 02827

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

HORSE RELATED, MAINLY TRAIL RIDING

6. Names and Addresses of the Officers and Directors:

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title

Individual Name

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

PRESIDENT	JESSICA MORSE	153 S KILLINGLY RD FOSTER, RI 02825 USA
TREASURER	NICOLE CROSSMAN	6488 FLAT RIVER RD GREENE, RI 02827 USA
DIRECTOR	STEVE PECHIE	479 CENTRAL PIKE SCITUATE, RI 02857 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CONSTANCE A. CHAPMAN 62 LIONEL PIERSON ROAD GREENE , RI 02827

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 14 Day of June, 2024 at 9:26:03 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By NICOLE CROSSMAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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