



State of Rhode Island
Department of State - Business Services Division

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25 APR 7 AM 8:45:44

Annual Report for the year: 2025
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.

1. Entity ID Number <u>000091754</u>		2. Exact name of the Corporation <u>Friends of the Moshassuck</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Restoration of Watershed in partnership with communities in the watershed</u>	
4. NAICS Code <u>813312</u>			
6. Principal Office Address <u>37 6th St</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Bruce Campbell</u>		Vice-President Name	
Street Address <u>56 Gentian Ave</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
Secretary Name <u>Kathy Rourke</u>		Treasurer Name <u>Greg Gerritt</u>	
Street Address <u>37 6th St</u>		Street Address <u>37 6th St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
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 <u>Therhite Battle</u>		Director Name <u>Bryce Debois</u>	
Street Address <u>1192 Village South</u>		Street Address <u>157 Cypress St</u>	
City <u>East Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02915</u>
Director Name <u>Clovis Gregor</u>		Director Name <u>Dany Goodman</u>	
Street Address <u>118 Trenton St</u>		Street Address <u>30 Beecher St apt 423</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02860</u>
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 <u>Greg Gerritt</u>			Date <u>4/7/25</u>
Signature of Officer/Authorized Representative <u>Greg Gerritt</u>			FILED <u>APR 07 2025</u>

MAIL TO:
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BY VJVEZ
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