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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** 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.***

1. Corporate ID No.	2. Name of Corporation		
184480	Lend A Hand Therapeutic Riding Foundation		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	151 Laten Knight Road	Cranston	02921
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

We primarily provide funding to families who have children with disabilities and need financial support for therapeutic horse riding.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Lawrence Moses			Thomas Citak		
Street Address			Street Address		
151 Laten Knight Road			25 Alberta Street		
City	State	Zip	City	State	Zip
Cranston	RI	02921	Hope	RI	02831
Secretary Name			**Treasurer Name**		
Laurie Grann			Henry Priest		
Street Address			Street Address		
121 Widow Sweets Road			88 Mount View Drive		
City	State	Zip	City	State	Zip
Cranston	RI	02822	Cranston	RI	02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name			Director Name		
Tracey Horn			Joy Citak		
Street Address			Street Address		
12 Knotty Oak Lanr			25 Alberta Street		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Hope	RI	02831
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address	
Attorney Daniel Waugh		
Address	City	Zip
170 Westminster Street	Providence	02903

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 2 6 - 0 7 2 5 2 5 7 [redacted]

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.

Lawrence Moses 6/2/08
Signature of Officer *Date*

Lawrence Moses
Print or Type Name of Officer

President
Title of Officer

File Date FILED
Check No.
By: JUN 04 2008
By 1256
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23070-70-260911

Form 631 Rev. 12/06