

A. Ralph Mollis, Secretary of State Corporations Division 200 Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 2. Name of Corporation R. D. Swansicut R.	ding + Driving Club			
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Greenville Ave.	No Scituate 02857			
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 TO DEVELOP 3rd Provide Good Fellowship, proper Care Horses 200 200 5/10 Care Driving of Horses.				
TO VIEW AND SHIP + RILING + DEIVING OF HOPSES. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
President Ron Wolker	Vice President Name SKye Sciolto			
Street Address 195 SwtRd.	Street Address 122 Brandy Brook Rd.			
Cumberland State R.I. 210 02864	No Scitnate RI. 1257			
Secretary Name Loretta Vincz	Constance A. Chapman			
Street Address 100 Plainfield PK.	Street Address, Lionel Pietson Rd,			
No Scituate R.I. 210 02857	Greene State R.I. 202827			
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 Bill Bour gault	Director Name Steven Pechie			
Street Address 226 Douglas Pk.	Street Addiress 122 Brandy Brook Rd.			
Smithfield state R.I. 210 02917	No Scituate R.I 02857			
Director Name Chris Watson	Director Name			
Street Address 303 Jackson Schoolhouse Rd.	Street Address			
Cuy Pascoay State R.I. Zipo 2859	City State Zip			
9. REGISTERED AGENT IN RHODE ISLAND				
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78				
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				

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File Date FILED	State
Check No. UN 1 5 2009	Signa
By: By 364	Print
FOR SECRETARY OF STATE USE ONLY	Title

Under penalty of perjury, I declare and report, including any accompanying set statements contained herein are true and Constant A. Chor	edules and statements, and that all.
Signature of Officer Constance A. Chr	Date
Print or Type Yame of Officer Tressurer	<i>.</i>
Title of Officer	Form 631 Rev. 09/17