



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 2009

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. 153374		2. Name of Corporation Reining Hope Therapeutic Riding Program			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 287 Third Beach Rd		City Middletown	Zip 02842
5. Foreign corporation. Enter principal office address				City Middletown	State RI
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Teaching Handicapped Children and Adults to ride horses, Fund Raising					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven Shelales			Vice President Name Tracy Pees		
Street Address 318 Wood St			Street Address 50 Pond Rd		
City Bristol	State RI	Zip 02809	City Exeter	State RI	Zip 02822
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 Steven Shelales			Director Name Tracy Pees		
Street Address 318 Wood St			Street Address 50 Pond St		
City Bristol	State RI	Zip 02809	City Exeter	State RI	Zip 02822
Director Name Crystal Dymon			Director Name		
Street Address 19 Cherry St			Street Address		
City Newport	State RI	Zip 02840	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-					

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

FILED^m

NOV 09 2009

By 103388

153374

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Kamala Duff 10/31/09
Signature of Officer Date
KAMALA DUFF
Print or Type Name of Officer

Title of Officer