

A. Ralph Mollis, Secretary of Stat Corporations Division 148 W. River Stree

Providence, RI 02904-261 401.222.304

2010 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			
1. Corporate 11) No. 2. Name of Corporation 28694 Magwansicut Riding + Driving Club				
3. State of Incorporation RII 4. Corporate address in Rhode Island - Street Address RT. 116, W. BREENVI	le Rd.	no. Seituste	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				
monthly meetings, Trail Riding, 2 Parades				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHE President Name Ronald Walker	Vice President Name Sky	e fechie	IEM13	
Street Address 145 Scott Rd.	Street Address Centro	el PK.		
Cumberland RI 07864	"ha Satuate	State R.T	52857	
Secretary Name	Treasurer Name Constance	Chapma	\cap	
Street Address Plainfield PK,	Street Address	Plerson R	d	
no. Scituate R. I 210 02857	Greens-	State Rix.	0H27	
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 William Bourgautt	Director Name Hurore Carl	riere		
326 Douglas Pk.	Street Address 600 BlACK &	Plain Rd.		
Smithfield RIT 02917	No Smithfield,	State R.I.	02896	
Director Name Chris Watson	Director Name			
303 Jacks on School house Pd.	Street Address			
city Pascoag State R.I 2402859	Ctty:	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	1
Check No.JUN 0 3 2010	
ву: Ву <u>З83</u>	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm report, including any accompanying schedules a statements contained herein are true and correct	nd statements, and that al
Signature of Officer Constance Chap	Date
Print or Type Name of Officer TREASURER	
Title of Officer	Form 631 Rev. 09/17