



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Non-Profit Corporation  
Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000153018

2. Name of Corporation Ponies As Partners - Therapeutic Riding, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 516 THIRD BEACH ROAD

City or Town: MIDDLETOWN

State: RI Zip: 02842 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE EQUINE THERAPY SERVICES TO INDIVIDUALS NEEDING PHYSICAL AND MENTAL WELLNESS BY UTILIZING THE HUMAN TO HORSE BOND

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	SABINA SILVIA	516 THIRD BEACH ROAD MIDDLETOWN, RI 02842 USA
OTHER OFFICER	HERBERT M SILVIA	PORTSMOUTH, RI 02871

DIRECTOR	PATRICIA MOISAN	516 THIRD BEACH ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	HERBERT M SILVIA	97 LOCUST AVE. PORTSMOUTH, RI 02871 USA
DIRECTOR	SABINA MARI SILVIA	97 LOCUST AVE. PORTSMOUTH, RI 02871 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SABINA M SILVIA 97 LOCUST AVENUE PORTSMOUTH , RI 02871

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

**Signed this 4 Day of June, 2013 at 2:01:12 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SABINA M SILVIA  
Signature of Officer of the Corporation

☒ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or  
☐ Treasurer or ☐ Receiver or ☐ Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07

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