



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ~~2012~~ 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 503456		2. Exact name of the Corporation Advanced Equine Research Institute			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Research and design products for the purpose of keeping horses free from injury			
5. Principal office address 475 Rochambeau Ave		City Providence	State RI	Zip 02906	
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Wendy Drumm		Vice-President Name			
Street Address 475 Rochambeau Ave		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Dr. Christopher Evans		Treasurer Name Peter Cheney			
Street Address 330 Brookline Ave		Street Address 2033 2nd Ave # 2303			
City Boston	State MA	Zip 02215	City Seattle	State WA	Zip 98121
LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Wendy Drumm		Director Name Dr. Christopher Evans			
Street Address 475 Rochambeau Ave		Street Address 330 Brookline Ave			
City Providence	State RI	Zip 02906	City Boston	State MA	Zip 02215
Director Name Peter Cheney		Director Name Lendon Gray			
Street Address 2033 2nd Ave # 2303		Street Address 25 Lake Blvd			
City Seattle	State WA	Zip 98121	City Bedford	State NY	Zip 10506
REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

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

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JUL 26 2013

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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.

Wendy Drumm July 25, 2013
 Signature of Officer Date

Wendy Drumm
 Print or Type Name of Officer

President
 Title of Officer

**ATTACHMENT TO FORM 631 NON-PROFIT CORPORATON ANNUAL
REPORT FOR THE YEAR 2013**

CORPORATE ID NO; 00503456

NAMES AND ADDRESSES OF THE BOARD OF DIRECTORS

Dr. Susan Stover
One Shields Avenue
Davis, CA 95616

Carl. A. Kirker-Head DVM
188 Shepard Road
Sturbridge MA 01566

Joseph Crisco
97 Ferry lane
Barrington, RI 02806

Lisa LaDew
91 Pleasant Street
East Walpole MA 02032

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BY FD 503456