



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 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. 000747719		2. Exact name of the Corporation New Horizons Center for Equine Assisted Therapy	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To enhance the physical, emotional and cognitive growth of individuals with special needs through a facility educational and recreational therapeutic horseback riding + driving experience.	
5. Principal office address 86B Foster Center Road		City Foster	State RI
		Zip 02825	
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Elizabeth Stone		Vice-President Name Matthew Vieira	
Street Address 86B Foster Center Road		Street Address 120B Nipmuc Road	
City Foster	State RI	City Scituate	State RI
Zip 02825		Zip 02857	
Secretary Name Cynthia Lussier		Treasurer Name Sondi Carter-Lafortune	
Street Address P.O. Box 53		Street Address 118 Laurel Ridge Avenue	
City Pocasset	State RI	City Pocasset	State RI
Zip 02859		Zip 02859	
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 Ernest Finocchio, DVM		Director Name Scott N. Marshall, DVM	
Street Address 186 Amorol Avenue		Street Address 235 Promenade Street	
City Riverside	State RI	City Providence	State RI
Zip 02915		Zip 02908	
Director Name Karen Rothbus		Director Name Mark Taurgee	
Street Address 54B Howard Hill Road		Street Address 71 Kimberly Drive	
City Foster	State RI	City W. Greenwich	State RI
Zip 02825		Zip 02817	
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

FILED
 11:18 AM
 OCT 07 2013
 By 207636
 KM

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.

Elizabeth Stone 10/11/13
 Signature of Officer Date

Elizabeth Stone
 Print or Type Name of Officer

President
 Title of Officer