



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

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 quality educational and recreational therapeutic horseback riding & driving experience.	
5. Principal office address 86B Foster Center Rd		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 Viano	
Street Address 86B Foster Center Road		Street Address 120B Nipmuc Road	
City Foster	State RI	Zip 02825	City Scituate State RI Zip 02857
Secretary Name Cynthia Kussler		Treasurer Name Sondy Carter - Lofortune	
Street Address PO Box 53		Street Address 118 Laurel Ridge Ave	
City Pawcatuck	State RI	Zip 02859	City Pawcatuck State RI Zip 02822
. 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 Pinocchio, DVM		Director Name Scott N. Marshall, DVM	
Street Address 186 Amoral St.		Street Address 235 Promenade St.	
City Riverside	State RI	Zip 02915	City Providence State RI Zip 02908
Director Name Karen Rothburn		Director Name Mark Bourgee	
Street Address 54B Howard Hill Road		Street Address 71 Kimberly Drive	
City Foster	State RI	Zip 02825	City W. Greenwich State RI 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

By 207636

KMM

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.

Signature of Officer Elizabeth Stone Date 10/11/2013

Print or Type Name of Officer Elizabeth Stone

Title of Officer President.