



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 64349		2. Exact name of the Corporation West Greenwich Horsemen's Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Horse Related Activities and Discussions			
5. Principal office address 66 Chaucer Drive		City North Kingstown		State RI	Zip 02852
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LuAnn Grafe		Vice-President Name Linda Krul			
Street Address 282 Weaver Hill Road		Street Address 689 Gibson Hill Road			
City West Greenwich	State RI	Zip 02817	City Greene	State RI	Zip 02827
Secretary Name Sandy Andrews		Treasurer Name George Reddick			
Street Address 320 Henry Brown Road		Street Address 66 Chaucer Drive			
City West Greenwich	State RI	Zip 02817	City North Kingstown	State RI	Zip 02852
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lu Ann Grafe		Director Name Linda Krul			
Street Address 382 Weaver Hill Road		Street Address 689 Gibson Road			
City West Greenwich	State RI	Zip 02817	City Greene	State RI	Zip 02827
Director Name Sandy Andrews		Director Name George Reddick			
Street Address 320 Brown Road		Street Address 66 Chaucer Drive			
City West Greenwich	State RI	Zip 02817	City North Kingstown	State RI	Zip 02852
8. 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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

JUN 03 2014

BY **64349**

Signature of Officer or Authorized Representative Date **6-2-14**

GEORGE REDDICK
Print or Type Name of Officer or Authorized Representative