



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 76 0706		2. Exact name of the Corporation MORNING STAR HORSE FARM, INC			
3. Principal office address 200 E Shore Rd		City Jamestown	State RI	Zip 02835	
4. Business Phone No. 401 295 4100		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island HORSE FARM					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Nancy J Pothish			Vice-President Name PETER A TRAVISANO		
Street Address 200 E Shore Rd			Street Address 200 E Shore Rd		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name SAME AS A			Treasurer Name SAME AS A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Peter TRAVISANO			Director Name Nancy Pothish		
Street Address AS ABOVE			Street Address AS ABOVE		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES 100	CLASS/SERIES	PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

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.

JUN 04 2014

Signature of Authorized Representative
Peter TRAVISANO

5/28/14
Date

R: 434

Print or Type Name of Authorized Representative

File Date

Check No

By

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