



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. <b>000950823</b>		2. Exact name of the Corporation <b>The Mustard Seed Farm</b>	
3. State of Incorporation <b>0420</b>		4. Brief description of the character of business conducted in Rhode Island <b>Equine assisted Psychotherapy Equine assisted growth &amp; learning Therapeutic riding</b>	
5. Principal office address <b>63 Peck Hill RD</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Peggy Trimmer</b>		Vice-President Name <b>Tom Citak</b>	
Street Address <b>63 Peck Hill rd.</b>		Street Address <b>05 Alberta St.</b>	
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
Secretary Name <b>Joy Dolan</b>		Treasurer Name <b>Peg Trimmer</b>	
Street Address <b>64 Fry Pond RD west</b>		Street Address <b>63 Peck Hill RD</b>	
City <b>Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	
City <b>Johnston</b>		State <b>RI</b>	Zip <b>02919</b>
7. 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 <b>Arianna Mouradjian</b>		Director Name <b>none</b>	
Street Address <b>112 Lubec St.</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	
Director Name <b>none</b>		Director Name <b>none</b>	
Street Address		Street Address	
City	State	Zip	
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 **BY**

**FILED**

**JUL 29 2014**

**1026**

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 or Authorized Representative

Date

**Peggy S Trimmer**

Print or Type Name of Officer or Authorized Representative