



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

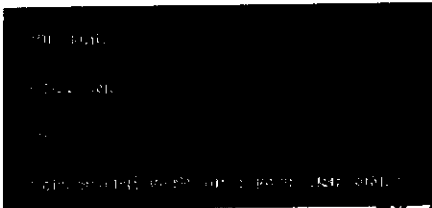
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 000395355		2. Exact name of the Corporation Emerald Cut Stables, Inc.	
3. Principal office address 9 William Sisson Road		City Little Compton	State RI
		Zip 02837	
4. Business Phone No. 401-635-4497		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Boarding & Breeding Horses			
President Name Paris St. Pierre		Vice-President Name	
Street Address 9 William Sisson Road		Street Address	
City Little Compton	State RI	Zip 02837	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
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	CLASS/SERIES
		100	Common
		PAR VALUE	100

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

JUN 01 2015

BY 249950

11/31

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.

Paris St. Pierre 4/27/15
 Signature of Authorized Representative Date

Paris St. Pierre
 Print or Type Name of Authorized Representative