



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 2015

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. <u>000956117</u>		2. Exact name of the Corporation <u>Horses Bring Hope</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>To enrich the lives + spirits of children + adults with disabilities, Military veterans as well as other's challenged individuals through the powerful healing connection between horses + humans</u>			
5. Principal office address <u>121 Railroad Ave.</u>		City <u>Saunderstown</u>	State <u>RI</u>	Zip <u>02874</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Dina Mancini Godinez</u>			Vice-President Name <u>Lucas Godinez</u>		
Street Address <u>121 Railroad Ave.</u>			Street Address <u>121 Railroad Ave.</u>		
City <u>Saunderstown</u>	State <u>RI</u>	Zip <u>02874</u>	City <u>Saunderstown</u>	State <u>RI</u>	Zip <u>02874</u>
Secretary Name <u>Lisa Guarino</u>			Treasurer Name <u>Vacant</u>		
Street Address <u>181 W. Forest Av.</u>			Street Address		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
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 <u>Linda Mancini</u>			Director Name <u>Cynthia Blackburn</u>		
Street Address <u>121 Railroad Ave.</u>			Street Address <u>61 Rose Hill Dr.</u>		
City <u>Saunderstown</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Director Name <u>Tammy Stahlbush</u>			Director Name		
Street Address <u>116 Potowomet</u>			Street Address		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02818</u>	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 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.

Dina Mancini Godinez 6/21/15
 Signature of Officer or Authorized Representative Date

JUL 01 2015

BY 1094 Dina Mancini Godinez
 Print or Type Name of Officer or Authorized Representative