



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 2016

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. 8511		2. Exact name of the Corporation SANDY POINT STABLES, INCORPORATED					
3. Principal office address 30 SANDY POINT FARM ROAD				City PORTSMOUTH	State RI	Zip 02871	
4. Business Phone No.				5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO BOARD, TRAIN, AND LET HORSES, GIVE RIDING LESSONS, AND TO HOLD SHOWS.							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>							
President Name JESSIE SARGENT				Vice-President Name JESSIE SARGENT			
Street Address 330 INDIAN AVENUE				Street Address 330 INDIAN AVENUE			
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842		
Secretary Name JESSIE SARGENT				Treasurer Name JESSIE SARGENT			
Street Address 330 INDIAN AVENUE				Street Address 330 INDIAN AVENUE			
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>							
Director Name N/A				Director Name N/A			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
Director Name N/A				Director Name N/A			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
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	PAR VALUE	
				800	COMMON	NO PAR	

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.

File Date: _____
 Check No: _____
 By: _____

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.

Jessie Sargent 2/1/16
 Signature of Authorized Representative Date

JESSIE SARGENT, PRESIDENT
 Print or Type Name of Authorized Representative

FEB 04 2016
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