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.	2. Exact name of the Corporation		
88199	Rustic Rides Farm, Inc.		
3. Principal office address: West Side Road	City: Block Island	State: RI	Zip: 02807
4. Business Phone No.: 401-466-5060	5. State of Incorporation: Rhode Island		

6. Brief description of the character of business conducted in Rhode Island
To provide horseback riding services and carriage ride services

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Tim McCabe					
Street Address: P. O. Box 842			Street Address		
City: Block Island	State: RI	Zip: 02807	City	State	Zip
Secretary Name: Tim McCabe			Treasurer Name: Tim McCabe		
Street Address: P. O. Box 842			Street Address: P. O. Box 842		
City: Block Island	State: RI	Zip: 02807	City: Block Island	State: RI	Zip: 02807

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Tim McCabe					
Street Address: P. O. Box 842			Street Address		
City: Block Island	State: RI	Zip: 02807	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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	A	No 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.

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.

Tim McCabe 2/11/16
Signature of Authorized Representative — Date

Tim McCabe
Print or Type Name of Authorized Representative

FILED
FEB 25 2016
BY KL 2778

Form No. 630
Revised: 01/2012