



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2016  
**Non-Profit Corporation**

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>30126</b>		2. Exact name of the Corporation <b>The Rhode Island Federation of Riding Clubs</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Unite horse clubs and people. Maintain suitable control of bridle paths, equine activities</b>			
5. Principal Office Address <b>70 Fry Pond Road</b>		City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Beth Stone</b>			Vice-President Name <b>Angelo Marsella</b>		
Street Address <b>85 Foster Center Road</b>			Street Address <b>31 Argonne Street</b>		
City <b>Foster</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>Marilyn Graf</b>			Treasurer Name <b>Linda Krul</b>		
Street Address <b>70 Fry Pond Road</b>			Street Address <b>689 Gibson Hill Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>Greene</b>	State <b>RI</b>	Zip <b>02827</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Beth Sturn</b>			Director Name <b>Connie Chapman</b>		
Street Address <b>646 Lewis Farm Road</b>			Street Address <b>62 Lionel Pierson Road</b>		
City <b>Greene</b>	State <b>RI</b>	Zip <b>02827</b>	City <b>Greene</b>	State <b>RI</b>	Zip <b>02827</b>
Director Name <b>Anne Fisher</b>			Director Name		
Street Address <b>1044 Sisson Road</b>			Street Address		
City <b>Greene</b>	State <b>RI 0282</b>	Zip	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>LINDA KRUL</b>				Date <b>6/15/16</b>	
Signature of Officer/Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED** *or*

**JUN 20 2016**

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