



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000747719

2. Name of Corporation NEW HORIZONS CENTER FOR EQUINE ASSISTED THERAPY

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 86B FOSTER CENTER ROAD

City or Town: FOSTER

State: RI Zip: 02825 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ENHANCE THE PHYSICAL, EMOTIONAL AND COGNITIVE GROWTH OF INDIVIDUALS WITH SPECIAL NEEDS THROUGH A QUALITY EDUCATIONAL AND RECREATIONAL THERAPEUTIC HORSEBACK RIDING AND CARRIAGE DRIVING EXPERIENCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
PRESIDENT	ELISABETH STONE	86B FOSTER CENTER ROAD FOSTER, RI 02825 USA

DIRECTOR	ERNEST FINACCHIO DVM	186 AMAROL AVENUE RIVERSIDE, RI 02915 USA
DIRECTOR	KAREN RATHBUN	54B HOWARD HILL ROAD FOSTER, RI 02825 USA
DIRECTOR	SCOTT N. MARSHAL, DVM	235 PROMENADE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	MARK TOURGEE	71 KIMBERLY DRIVE WEST GREENWICH, RI 02817 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARK D. TOURGEE, ESQ. INMAN TOURGEE & WILLIAMSON 1500 NOOSENECK HILL ROAD
COVENTRY , RI 02816

**9. This report must be signed by either the President, Vice President, Secretary, Assistant
Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

Signed this 30 Day of June, 2016 at 9:20:26 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By NEW HORIZONS CENTER FOR EQUINE ASSISTED THERAPY ELIZABETH STONE
Signature of Authorized Person

Form No. 631
Revised 09/07