



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. 000158021

2. Name of Corporation NEW ENGLAND EQUINE RESCUES

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1487 BOSTON NECK ROAD

City or Town: SAUNDERSTOWN

State: RI Zip: 02874 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

NONPROFIT EDUCATION AND EQUINE WELFARE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BETH HILL ROSS	1487 BOSTON NECK ROAD SAUNDERSTOWN, RI 02874 USA
VICE PRESIDENT	RICHARD J ROSS	1487 BOSTON NECK RD SAUNDERSTOWN, RI 02874 USA
DIRECTOR	DEBBIE JOLIN	JOE JENNY RD

		OXFORD, MA 01540 USA
DIRECTOR	JANE NEWCOMBE	495 CONGDON HILL RD SAUNDERSTOWN, RI 02874 USA
DIRECTOR	SUSAN PERROTTA	GREENMAN AVE WESTERLY, RI 02891 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**

BETH HILL ROSS 1487 BOSTON NECK ROAD SAUNDERSTOWN , RI 02874

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

Signed this 27 Day of July, 2016 at 1:37:09 PM 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 B. H. ROSS
Signature of Authorized Person

Form No. 631
Revised 09/07

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