



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. 000134302

2. Name of Corporation Angels On Horseback Therapeutic Riding School, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 40 COLLINS ROAD

City or Town: ASHAWAY

State: RI

Zip: 02804

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 OPERATE A HORSE RIDING SCHOOL FOR THE BENEFIT OF DISABLED AND/OR UNDERPRIVILEGED INDIVIDUALS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	SUSAN RUMRILL	1 TURTLE TRAIL CHARLESTOWN, RI 02813 USA
TREASURER	CAROL V RUMRILL	7 MADLIN AVENUE CHARLESTOWN, RI 02813 USA

SECRETARY	DARLENE GUNKEL	961 NORTH MAIN STREET DAYVILLE, CT 06241 USA
VICE PRESIDENT	DONNA M PUGSLEY	465 GARDINER ROAD LOT #45 WEST KINGSTON, RI 02892 USA
DIRECTOR	JULIA M CHRETIEN	3 NORTHUP PLAT ROAD COVENTRY, RI 02816 USA
DIRECTOR	DONNA M PUGSLEY	465 GARDINER ROAD LOT #45 WEST KINGSTON, RI 02892 USA
DIRECTOR	LARRY JOHNSON	65 FAIRVIEW AVENUE HOPE VALLEY, RI 02893 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

DEAN G. ROBINSON, ESQ. 670 WILLETT AVENUE EAST PROVIDENCE , RI 02915

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

Signed this 5 Day of August, 2016 at 2:08:22 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 SUSAN E. RUMRILL
Signature of Authorized Person

Form No. 631
Revised 09/07