



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

FILED
 R.I. DEPT. OF STATE
 BUSINESS DIV
 2017 FEB 13 PM 1:47

Annual Report for the year: 2015

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 132262 | | 2. Exact name of the Corporation AQUIDNECK ISLAND HORSEMAN ASSOCIATION, INC | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island PROMOTION OF HORSE ACTIVITIES | |
| 5. Principal Office Address 485 THAMES ST | | City NEWPORT | State RI |
| | | Zip 02840 | |
| 6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name PAUL A. BERNARD | | Vice-President Name DOLORES MELLO | |
| Street Address 485 THAMES ST. | | Street Address 156 POWELL STREET | |
| City NEWPORT | State RI | Zip 02840 | City FALL RIVER |
| | | | State MA |
| | | | Zip 02721 |
| Secretary Name RICHARD URBAN | | Treasurer Name SYLVIA HAYDEN | |
| Street Address 542 KING PHILIP ST. | | Street Address 423 CRANDALL ROAD | |
| City FALL RIVER | State MA. | Zip 02724 | City TIVERTON |
| | | | State RI |
| | | | Zip 02878 |
| 7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name DOLORES MELLO | | Director Name BRAD DOWDY | |
| Street Address 156 POWELL STRETT. | | Street Address 4226 MAIN ROAD | |
| City FALL RIVE | State MA | Zip 02721 | City TIVERTON |
| | | | State RI |
| | | | Zip 02878 |
| Director Name LISA KERSHAW | | Director Name GRACE C KINDUVEN | |
| Street Address SELLEN LANE | | Street Address 141 LOCUST AVE | |
| City TIVERTON | State RI | Zip 02878 | City PORTSMOUTH |
| | | | State R.I |
| | | | Zip 02871 |
| 8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641. | | | |
| 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. | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | |
| Name of Officer/Authorized Representative Paul A. BERNARD | | | Date 2/13/17 |
| Signature of Officer/Authorized Representative Paul A. Bernard | | | |

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

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 By **295554**