



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

2017 FEB 13 PM 1:49
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIVISION

Annual Report for the year: 2014
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 342 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 STREET.		Street Address 4226 MAIN ROAD	
City FALL RIVER	State MA	Zip 02721	City TIVERTON
			State RI
			Zip 02878
Director Name LISA KERSHAW		Director Name GRACE C KINNUNEN	
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 DOCUMENT HERE			

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 295557