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

Annual Report for the year: 2013
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.

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1. Entity ID Number	2. Exact name of the Corporation
132262	AQUIDNECK ISLAND HORSEMAN ASSOCIATION, INC
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	PROMOTION OF HORSE ACTIVITES

5. Principal Office Address	City	State	Zip
485 THAMES ST	NEWPORT	RI	02840

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
PAUL A. BERNARD			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.
DOLORES MELLO — Check the box to indicate an attachment ☐

Director Name			Director Name		
DOLORES MELLO			BRAD DOWDY		
Street Address 156 POWELL STREET.			Street Address 4226 MAIN ROAD		
City FALLRIVE	State MA.	Zip 02721	City TIVERTON	State RI	Zip 02878
Director Name LISA KERSHAW			Director Name GRACE C KINNUNEN		
Street Address 5 ELLEN 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.

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

Name of Officer/Authorized Representative	Date
Paul A. BERNARD	2/13/17

Signature of Officer/Authorized Representative
Paul A. Bernard
DO NOT WRITE IN THIS DOCUMENT HERE

FILED 1:48
FEB 13 2017
By AC295554

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

FORM 631 - Revised: 05/2016