



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

*\*Amended*

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017 *pg 1*

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>950823</b>		2. Exact name of the Corporation <b>The Mustard Seed Farm</b>	
3. State of Incorporation <b>Dhio</b>		4. Brief description of the character of business conducted in Rhode Island <b>Equine Growth + Learning programs</b>	
5. Principal office address <b>63 Peck Hill RD</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Peggy Trimmer</b>		Vice-President Name <b>Heather DiMartino</b>	
Street Address <b>63 Peck Hill RD</b>		Street Address <b>327 New RD</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Moosup</b>	State <b>CT</b>
Zip <b>02919</b>		Zip <b>06354</b>	
Secretary Name <b>Tom Citak</b>		Treasurer Name <b>Ariana Mouradian</b>	
Street Address <b>25 Alberta St.</b>		Street Address <b>112 Lubec St.</b>	
City <b>Hope</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02831</b>		Zip <b>02904</b>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>Evelyn Stetkiewicz</b>		Director Name <b>Tamye Molinaro</b>	
Street Address <b>147 Gibson Hill RD</b>		Street Address <b>80 Phoenix Ave</b>	
City <b>Sterling</b>	State <b>CT</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>06377</b>		Zip <b>02920</b>	
Director Name <b>NONE</b>		Director Name <b>NONE</b>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**JUN 01 2017**

BY *[Signature]*

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.

Signature of Officer or Authorized Representative

Date

*Peggy Trimmer*  
 Print or Type Name of Officer or Authorized Representative



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

June 01, 2017 10:47 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

