



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 *psf*

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

10:47
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]
 Signature of Officer or Authorized Representative Date

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