



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

2017

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>88199</b>		2. Exact name of the Corporation <b>Rustic Rides Farm, Inc</b>			
3. Principal Office Address <b>West Side Road</b>			City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
4. NAICS Code <b>81</b>		6. Brief description of the character of business conducted in Rhode Island <b>To provide horseback riding and carriage ride services</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Tim McCabe</b>			Vice-President Name		
Street Address <b>P.O. Box 842</b>			Street Address		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City	State	Zip
Secretary Name <b>Tim McCabe</b>			Treasurer Name <b>Tim McCabe</b>		
Street Address <b>P.O. Box 842</b>			Street Address <b>P.O. Box 842</b>		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Tim McCabe</b>			Director Name		
Street Address <b>P.O. Box 842</b>			Street Address		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 A No Par Value		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative <b>Tim McCabe</b>					Date <b>5/28/2017</b>
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FILED

JUN 05 2017

BY 2969

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