



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 17918		2. Name of Corporation HORSESHOE FARMS, INCORPORATED	
3. Street Address Principal Business Office 960 SHERMAN FARM RD.		City HARRISVILLE	State R.I.
4. Business Phone No. Cell (401) 651-1502		5. State of Incorporation R. I. <del>MA</del> RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island HORSESHOEING \$12990			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name RALPH DiBATTISTA		Vice President Name SHIRLEY DiBATTISTA	
Street Address 960 SHERMAN FARM RD.		Street Address 960 SHERMAN FARM RD.	
City HARRISVILLE	State R.I.	City HARRISVILLE	State R.I.
Zip 02830		Zip 02830	
Secretary Name SHIRLEY DiBATTISTA		Treasurer Name RALPH DiBATTISTA	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City HARRISVILLE	State R.I.	City HARRISVILLE	State R.I.
Zip 02830		Zip 02830	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name RALPH DiBATTISTA		Director Name SHIRLEY DiBATTISTA	
Street Address SAME AS ABOVE		Street Address 960 SHERMAN FARM RD.	
City HARRISVILLE	State R.I.	City HARRISVILLE	State R.I.
Zip 02830		Zip 02830	
Director Name SHIRLEY DiBATTISTA		Director Name RALPH DiBATTISTA	
Street Address SAME AS ABOVE		Street Address 960 SHERMAN FARM RD.	
City HARRISVILLE	State R.I.	City HARRISVILLE	State R.I.
Zip 02830		Zip 02830	
9. SHARES AUTHORIZED #SHARES 500 NO PAR VALUE A/1			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares 500 NO PAR VALUE	
		Class/Series A/1	
		Par Value NO PAR	

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.

FILED

FEB 09 2018

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

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

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

FOR SECRETARY OF STATE USE ONLY

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 \_\_\_\_\_ Date 2/6/18

RALPH DiBATTISTA

Print or Type Name President 2/6/18 9821

Title \_\_\_\_\_