STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
136323	Heritage Equestrian Center, Inc.			
3. Street Address Principal Business Office		City	State	Zip
846 Tillinghast Road		East Greenwich	RI	02818
4. Business Phone No.	5. State of Incorporation			6. SIC Code
(401) 884-6773	RHODE ISLAND			9837

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE STABLE BUSINESS

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Kim L. Fairbanks					
Street Address			Street Address		
846 Tillinghast Road					
City	State	Zip	City	State	Zip
East Greenwich	RI	02818			
Secretary Name			Treasurer Name		
Kim L. Fairbanks			Kim L. Fairbanks		
Street Address			Street Address		
846 Tillinghast Road			846 Tillinghast Road		
City	State	Zip	City	State	Zip
East Greenwich	RI	02818	East Greenwich	RI	02818

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE				Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

136323

File Date 5-25-05
Check No. 135
By. DW
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.

Kim L. Fairbanks Pres 5/18/05
Signature of Officer *Date*

Kim L. Fairbanks
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03

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AND PROVIDENCE PLANTATIONS
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(401)884-6773	Rhode Island			9837

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Kim L. Fairbanks					
Street Address			Street Address		
846 Tillinghast Road			346 Tillinghast Road		
City	State	Zip	City	State	Zip
East Greenwich	RI	02818	East Greenwich	RI	02818
Secretary Name			Treasurer Name		
Kim L. Fairbanks			Kim L. Fairbanks		
Street Address			Street Address		
846 Tillinghast Road			846 Tillinghast Road		
City	State	Zip	City	State	Zip
East Greenwich	RI	02818	East Greenwich	RI	02818

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City	State	Zip	City	State	Zip
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1 3 6 3 2 3

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.

Kim Fairbanks
Signature of Officer *Date*

Kim L. Fairbanks
Print or Type Name of Officer

President
Title of Officer

File Date	6/3/04
Check No.	1130
By:	

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01