



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 JUN 27 AM 10:51

1. Entity ID Number 000986579		2. Exact name of the Corporation Gaits of Harmony Therapeutic Riding Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Mission is to empower participants with special needs through interactive engagement with horses. Offers children and adults with disabilities animal assisted activities that help actualize personal goals.	
4. NAICS Code 621340			
6. Principal Office Address 45 Woody Hill Rd		City Hope Valley	State RI Zip 02832
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Frannie Wilson		Vice-President Name None	
Street Address 12441 Woodpecker Ln		Street Address	
City Laurinburg	State NC	Zip 28352	
Secretary Name Dana Morgan		Treasurer Name Cathy Capalbo	
Street Address 420 N King St		Street Address 45 Woody Hill Rd PO Box 392	
City Laurinburg	State NC	Zip 28352	City Hope Valley State RI Zip 02832
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name Frannie Wilson		Director Name Cathy Capalbo	
Street Address 12441 Woodpecker Ln		Street Address 45 Woody Hill Rd	
City Laurinburg	State NC	Zip 28352	City Hope Valley State RI Zip 02832
Director Name Dana Morgan		Director Name Ashley Duda	
Street Address 420 N King St		Street Address 13762 Barnes Bridge Rd	
City Laurinburg	State NC	Zip 28352	City Laurinburg State NC Zip 28352
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Cathy A. Capalbo			Date June 27, 2019
Signature of Officer/Authorized Representative Cathy A. Capalbo, Board Treasurer			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised: 03/2019

Attachment: Non-Profit Corporation Annual Report for the Year 2019

Corporation: Gaits of Harmony Therapeutic Riding Inc

Corporation ID #: 000986579

Additional Directors Names and Addresses

Blake McCulloch
339 Will Yates Road
Marston, NC 28363