



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

Annual Report for the year: 2020
 Corporation

FILED STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

MAR 02 2020
 BY 3294 OS

1. Entity ID Number 000088199		2. Exact name of the Corporation Rustic Rides Farm Inc.			
3. Principal Office Address West Side Road		City Block Island		State RI	Zip 02807
4. NAICS Code 115210		6. Brief description of the character of business conducted in Rhode Island <i>To provide horseback riding services and carriage RIDE services</i>			
5. State of Incorporation					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Timothy McCabe			Vice-President Name		
Street Address PO Box 842			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Secretary Name Timothy McCabel			Treasurer Name Timothy McCabe		
Street Address PO Box 842			Street Address PO Box 842		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Timothy McCabe			Director Name		
Street Address PO Box 842			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		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 Elliot Taubman, Esq.				Date 2/26/2020	
Signature of Authorized Representative <i>Elliot Taubman</i> SIGN DOCUMENT HERE					

MAIL TO:
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