



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  
 3294 AS

1. Entity ID Number <b>000088199</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>115210</b>		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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Timothy McCabe</b>			Vice-President Name		
Street Address <b>PO Box 842</b>			Street Address		
City <b>Block Island</b>		State <b>RI</b>	Zip <b>02807</b>	City	
Secretary Name <b>Timothy McCabel</b>		Treasurer Name <b>Timothy McCabe</b>			
Street Address <b>PO Box 842</b>			Street Address <b>PO 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>		State <b>RI</b>	
Zip <b>02807</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>Timothy McCabe</b>			Director Name		
Street Address <b>PO Box 842</b>			Street Address		
City <b>Block Island</b>		State <b>RI</b>	Zip <b>02807</b>	City	
State <b>RI</b>		Zip <b>02807</b>		State	
Zip <b>02807</b>		Zip			
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		Zip			
9. Shares Authorized					10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>
This information is currently of record in the Department of State. Changes require an additional filing.					NUMBER OF SHARES
					CLASS/SERIES
					PAR VALUE
					<b>100</b>
					<b>A</b>
					<b>No par value</b>
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. <i>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>					
Name of Authorized Representative <b>Elliot Taubman, Esq.</b>					Date <b>2/26/2020</b>
Signature of Authorized Representative <i>Elliot Taubman</i>					
SIGN DOCUMENT HERE					

MAIL TO:  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov