RI SOS Filing	Number: 20	2044031060	Date: 6/29/2020 4:00:00 PM					
State of Rhode Island and Department of Sta			Division	-~				
Annual Report for the year: 2020 Non-Profit Corporation			FILED					
<ul> <li>→ Filing period: June 1 - June 30</li> <li>→ Filing Fee: \$20.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by July 30.</li> </ul>			JUN 2 9 2020					
1. Entity ID Number	2. Exact name of the Corporation							
000956117	Horses Bring Hope							
State of Incorporation     Rhode Island	Brief description of the character of business conducted in Rhode Island     Horses Bring Hope(HBH) educates individuals of all abilities through the powerful healing connection between horses and the humans who ride and care for them. Utilizing an all-inclusive model, HBH strives							
4. NAICS Code 624120 - Services for Elderly a	to improve and enrich the emotional and physical well-being of both humans and equines, in a safe, caring, and professional environment.							
6. Principal Office Address		<del></del>	City	State	Zip			
121 Railroad Avenue			Saunderstown	RI	02874			
7. List ALL officers (names and add	resses)		<u> </u>	Check the box to indi	icate an attachment			
President Name Dina Mancini Godinez			Vice-President Name Lucas Godinez					
Street Address 121 Railroad Avenue			Street Address 121 Railroad Avenue					
City Saunderstown	State RI	<sup>Zip</sup> 02874	City Saunderstown	State RI	<sup>Zip</sup> 02874			
Secretary Name Ann E. Walter			Treasurer Name Brittnie West					

City Saunderstown	State RI	<sup>Zip</sup> 02874	City East Greenwich	State RI	<sup>Zip</sup> 02818	
Director Name Trish Carlson			Director Name Linda McBride			
Street Address 50 Esker Lane			Street Address 144 Winchester Drive			
City North Kingstown	State RI	<sup>Zip</sup> 02852	City Wakefield	State RI	Zip 02879	
9. Registered Agent in Rhode Isla	ınd. This informat	ion is currently of reco	rd in the Department of State. Change	ges require filing Form 6	41,	
Under penalty of perjury, I decl	are and affirm :	that I have examin	ed this report, including any a	ccompanying sched	ules and	

statements, and that all statements contained herein are true and correct.

This report must be signed by either the President, Vico-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.

<sup>Zip</sup> 02889

Name of Officer/Authorized Representative

Street Address 505 W. Shore Rd. Apt. 105

State RI

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

City Warwick

Director Name Linda Mancini

Street Address 121 Railroad Avenue

Ann E. Walter

June 27, 2020

State RI

Check the box to indicate an attachment

<sup>Zip</sup> 02886

Street Address 101 Spruce Street

Director Name Tammy Stahlbush

Street Address 116 Potowomut Road

City Warwick

Signature of Officer/Authorized Representative
Www.E. Walter

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov