



RI SOS Filing Number: 202046653350 Date: 7/27/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

FILED

JUL 27 2020

505

1. Entity ID Number 1670744		2. Exact name of the Corporation Faith Hill Farm Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Equine assisted psychotherapy, equine asisted learning; Eagala certified equine specialist.			
4. NAICS Code 813910 - Business Assoc					
6. Principal Office Address 2056 Division Road		City East Greenwich		State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Pamela Steere Maloof			Vice-President Name Fonnie Soderstrom		
Street Address 2056 Division Road			Street Address 220 Charlotte Rd		
City East Greenwich	State RI	Zip 02818	City EG	State RI	Zip 02818
Secretary Name David Steere			Treasurer Name Laura Gummell		
Street Address 49 Moosup Valley Rd			Street Address 790 Ives Rd		
City Foster	State RI	Zip 02825	City Wanwick	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Laura Hope Gummell			Director Name Fonnie Soderstrom		
Street Address 790 Ives Road			Street Address 220 Charlotte Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name David Winsor Steere			Director Name		
Street Address 49 Moosup Valley Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
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 Pamela Steere Maloof				Date X 7-23-20	
Signature of Officer/Authorized Representative <i>X Pamela Steere Maloof</i>				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov