



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

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

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 JUN 21 PM 12:44

1. Entity ID Number 000573596		2. Exact name of the Corporation Dover Saddlery Retail, Inc			
3. Principal Office Address 525 Great Road			City Littleton	State MA	Zip 01460
4. NAICS Code 451110	6. Brief description of the character of business conducted in Rhode Island Retailer of equestrian products				
5. State of Incorporation MA					
Check the box to indicate an attachment					
7. List ALL officers (names and addresses)					
President Name Ken Cavanaugh			Vice-President Name vacant		
Street Address 525 Great Road			Street Address		
City Littleton	State MA	Zip 01460	City	State	Zip
Secretary Name vacant			Treasurer Name vacant		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
8. List ALL directors (names and addresses)					
Director Name Brad Wolansky			Director Name Ken Cavanaugh		
Street Address 525 Great Road			Street Address 525 Great Road		
City Littleton	State MA	Zip 01460	City Littleton	State MA	Zip 01460
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment					
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			10000	common	0
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 Brad Wolansky					Date 5/25/2001
Signature of Authorized Representative 					

FILED

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

FORM 630 - Revised: 08/2020