



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000153374

2. Name of Corporation Reining Hope Therapeutic Riding

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



624310

4. Principal Office Address

No. and Street: 287 THIRD BEACH ROAD

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE EQUINE ASSISTED THERAPY TO INDIVIDUALS WITH PHYSICAL, MENTAL AND/OR EMOTIONAL DISABILITIES.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	KAMALA S DUFFY MISS	287 THIRD BEACH RD MIDDLETOWN, RI 02842 USA

TREASURER	RONALD HOURIHAN	287 THIRD BEACH RD MIDDLETOWN, RI 02842 USA
VICE PRESIDENT	SUZANNE A HOURIHAN MRS	287 THIRD BEACH RD MIDDLETOWN, RI 02842 USA
DIRECTOR	KAMALA S DUFFY MISS	287 THIRD BEACH RD MIDDLETOWN, RI 02842 USA
DIRECTOR	SUZANNE A HOURIHAN MRS	287 THIRD BEACH RD MIDDLETOWN, RI 02842 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KAMALA DUFFY 287 THIRD BEACH ROAD MIDDLETOWN , RI 02842

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of October, 2021 at 11:14:36 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SUZANNE A HOURIHAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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