



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Non-Profit Corporation

MAR 23 2022 STAMP
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 FOR
 DEPARTMENT OF STATE
 USE ONLY

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 30126		2. Exact name of the Corporation The Rhode Island Federation of Riding Clubs			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Unite horse clubs and people. Maintain suitable control of bridle trails and equine activities.			
4. NAICS Code 813312 - Environment, Conserve					
6. Principal Office Address 689 Gibson Hill Road		City Greene	State RI	Zip 0282	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Beth Stone			Vice-President Name Angelo Marsella		
Street Address 86 Foster Center			Street Address 31 Argonne Street		
City Foster	State RI	Zip 02825	City Johnston	State RI	Zip 02919
Secretary Name Sandy Andrews			Treasurer Name Linda Krul		
Street Address 320 Henry Brown Road			Street Address 689 Gibson Hill Road		
City West Greenwich	State RI	Zip 0281	City Greene	State RI	Zip 02827
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Carolyn Scire			Director Name Celeste Santos-Rivera		
Street Address 282 Phillips Hill Road			Street Address 964 Ekank Hill Rd		
City Coventry	State RI	Zip 02816	City Voluntown	State CT	Zip 06384
Director Name Cristen Langella			Director Name Barbara Schenck		
Street Address 193B Hartford Pike			Street Address 87 Allston Ave		
City Foster	State RI	Zip 02825	City Middletown	State RI	Zip 02842
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<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>					
<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 LINDA KRUL				Date 3/19/22	
Signature of Officer/Authorized Representative <i>Linda Krul</i>					

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